



Borough of Lowestoft
EDUCATION COMMITTEE.

THE
ANNUAL REPORT
OF THE
School Medical Officer.

1908.

TOWN HALL,
LOWESTOFT.

*To the Chairman
and Members of the Education Committee.*

GENTLEMEN,

I beg to thank you for appointing me as your School Medical Officer, and have much pleasure in presenting my first Annual Report made out on the lines laid down by the Board of Education.

The report is so extensive that it is impossible to single out particular points for comment in a short preface. The various details will be found under their respective headings.

The standard height and weight of British children, at various ages, are those collected by the Anthropometrical Committee of the British Association.

I am indebted to Dr. D. W. BOSWELL for his assistance in carrying out the Medical Inspections and to the Committee for allowing me clerical assistance, thus enabling me to prepare this report.

I am, Gentlemen,
Your obedient servant,

A. MARSHALL, M.D., D.P.H.,
School Medical Officer.

Inspection Organisation.

In accordance with Circular 596, 17th August, 1908, (Section 6, Sub-section B), the Medical Officer of Health received the appointment of Inspector of School Children, or what is now termed School Medical Officer (S.M.O.), thereby placing the jurisdiction of Schools, from a Medical point of view under one head, the advantage of which must be, to every one connected with public or School life, so obvious as to hardly need calling attention thereto.

6b.1. The Board's Schedule of Medical Inspection has been followed in its entirety with the sole exception that the footgear has not been removed when measuring the height of the child; this exception was made to fall in with the susceptibilities of the parents (*vide* Cir. 576). The disadvantage of this procedure is more apparent than real as the child when weighed is clothed therefore the comparisons between height and weight in each individual child retain their proper relation as nearly as possible.

The Card System of filing records was considered likely to be very misleading, individual cards being apt to be mislaid, lost, or destroyed by accident or design. The official register issued by Messrs. Knight & Co. appeared to more nearly resemble a multiple number of miniature chess boards, each square being again separately divided into further small spaces so as to render the keeping of it a matter of very great difficulty.

After careful consideration of the above and numerous other methods it was decided by the Attendance Committee to adopt the

loose leaf ledger system, by which system each individual examination is made on a loose leaf, and after being carefully copied is transferred to the ledger in alphabetical order, and forms the official register left in charge of the head teacher of each individual school. The copy is sent on to the Central Office of the S.M.O. and locked in another binder which is used for statistical and report purposes.

2. The assistance given the S.M.O.

The Deputy attended with the S.M.O. at almost all of the Inspections made. The Head Teacher of each school organised the Inspection after consultation with the S.M.O., and in every instance supervised the supply of children coming up and leaving the doctors' tables, and in nearly every case supplied a separate teacher to do the clerical work at each Medical Officer's table, thereby facilitating the examination of the children and speeding up the work of the doctors, enabling them to direct almost the whole of their attention to the highly technical work of Medical Examination without having to handle a pen except at the end of the afternoon to sign each individual report of the day's examination.

The assistance given by the Managers was done in such a way as to make itself apparent in the smooth way every one fell into line. I have had no occasion to call in the services of a Nurse at the School at present, but I have full permission from the Authority to enlist the services of the District Nurses' Association whenever required.

I have always received, and continue to receive, every assistance from the Chief Attendance Officer and his Assistant.

3. Presence of Parents.

One anticipated on commencing this work that there would be considerable opposition on the part of the parents to have their children inspected. This idea proved to be entirely erroneous. A carefully worded circular letter, a copy of which here follows :—

SCHEDULE OF MEDICAL INSPECTION.

I.—Name.....
Surname First.

Date of Birth.....

Address.....

School.....

II.—Personal History:

(a) Previous Illnesses of Child (before admission).

Measles.....Scarlet Fever.....

Whooping Cough.....Diphtheria.....

Chickenpox.....Other Illnesses.....

(b) Family Medical History (if exceptional).

III.—If Vaccinated.....

General Observations:

Directions to Parent or Teacher:


1. Date of Inspection
2. Standard and Regularity of Attendance
3. Age of Child
4. Clothing & Footgear
5. Height
6. Weight
7. Nutrition
8. Cleanliness and condition of skin
 - Head
 - Body
9. Teeth
10. Nose and Throat
 - Tonsils
 - Adenoids
 - Submax. & cervical glands
11. External eye disease
12. Vision
 - R.
 - L.
13. Ear disease
14. Hearing
15. Speech
16. Mental Condition
17. Heart and circulation
18. Lungs
19. Nervous system
20. Tuberculosis
21. Rickets
22. Deformities, Spinal Disease, &c.
23. Infectious or contagious disease
24. Other disease or defect

I.

II.

III.

IV.



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LOWESTOFT EDUCATION COMMITTEE.

.....School.

.....190

Dear Sir (or Madam),

The Education (Administrative Provisions) Act of 1907 requires that all children attending elementary schools shall be medically inspected, and I therefore have to inform you that your Child.....will be Medically Examined at School to-morrow (.....day) at about.....o'clock in the Afternoon.

The Examination will take place in a room set apart for the purpose and will be quite private.

It is very desirable that you should be present, and the Committee hopes that you will make a special effort to attend.

Yours faithfully,

.....
Head Teacher.

was dispatched by the Head Teacher to the mother of each child to be examined, stating the approximate time that the examination would take place and only a certain number were requested to attend at stated intervals. This lessened the time that the parent was kept waiting and avoided a crowd in waiting with its consequent noise, confusion, and annoyance. The mothers, in nearly every instance, attended with their children, assisted by loosening the clothing, overcoming any fear on the part of the children, openly expressing their satisfaction and apparently regarding the procedure as a consultation with a doctor free of charge. Where it was impossible for a parent to attend owing to illness or having to go to work, notes were almost invariably sent consenting to the inspection, giving particulars as to previous infectious disease, personal and family history.

Co-operation and subsequent treatment of defects.

There has been no difficulty under this head. The great majority of parents have a private family doctor, subscribe to some Friendly Society which supplies medical treatment at a low rate, have been in the habit of attending the General Hospital, or have been attended to through the agency of the Poor Law. Under the Hospital heading there are no less than six Honorary and Honorary Assistant Surgeons, together with a Surgeon Dentist, in addition to a resident House Surgeon. Under the Poor Law heading there are two District Medical Officers and two Deputies.

There has been no instance come to my notice of neglect in carrying out the instructions to parents and innumerable instances have come to my notice where the instructions have been carried out with correspondingly beneficial results.

4. Disturbance of School arrangements involved.

Reference to previous heading (2) will show that this disturbance has been reduced to a minimum. In the provided schools, where plenty of class-rooms are available, there was no difficulty in obtaining a large room in which to carry on rapidly a well-organised, continuous inspection while it lasted. In the smaller non-provided Schools some difficulty was experienced in accommodating the older children in the School during the time that perhaps the largest and best classroom was being monopolised by the Medical Inspection. In no instance, however, did the arrangements break down or was it necessary to give the children a half holiday.

C. General statement of the extent and scope of the Medical Inspection carried out during the year

(i.) Eighty-one visits for the purpose of actual Medical Inspection of children were paid to the various Schools and departments, in addition to innumerable visits to interview head teachers for the purpose of directing the organisation and arranging for convenient dates and times for the inspection of children, to say nothing of voluminous correspondence relating thereto.

(ii.) The intention of the Board of Education, as interpreted by the Committee, was to regard all the children on the admission registers of all schools for 1908 as admissions. The interpretation put on the wording of the Board's Circular by the Chief Attendance Officer was to regard as admissions those in the infants' departments only, and those in schools for older children only, if they came from outside the Borough.

He gave the approximate number at from 400 to 500. In following what I deemed to be the Committee's instructions I soon discovered the 500 estimate to be much under the mark. The number of children regarded as admissions eventually coming out at 1437 apart from examinations carried out by teachers' or parents' requests for special purposes.

In view of the largely increased number of children to be done, the Committee decided in the first year, in order to be uniform the year through and so treat all schools alike, provided and non-provided, to examine admissions only up to the 31st December, deciding that thereafter the Board's intentions should be carried out, as nearly as possible, to the letter.

(iii.) The number of children inspected, classified for age at date of inspection and sex is as follows :—

Years.	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	Totals.
MALES	64	127	117	57	128	127	62	18	12	8	1	721
FEMALES	59	121	121	47	100	135	67	25	18	14	9	716
	123	248	238	104	228	262	129	43	30	22	10	1437

(iv.) In every case a child referred for subsequent or further examination was referred to the parent, treatment arranged for and the parent undertaking to report to the Teacher, the Attendance Officer, or myself, the progress of the case.

(v.) Classified statement of total number of children about whom directions were given.

SUMMARY OF DEFECTS. Council Schools.

Number of Children examined 694.

4. Clothing and Footgear				per cent.
Fair	...	16	...	2.29
Poor	...	3	...	0.43
7. Nutrition				
Fair	...	50	...	7.18
Poor	...	4	...	0.57
Bad	...	1	...	0.14
8. Cleanliness and Condition of Skin				
HEAD				
Fair	...	1	...	0.14
Dirty	...	1	...	0.14
Scurf	...	14	...	2.01
Nits	...	163	...	23.41
BODY				
Fair	...	27	...	3.87
Dirty	...	2	...	0.28
9. Teeth				
Fair	...	218	...	31.17
Poor	...	56	...	8.04
Bad	...	47	...	6.75
10. Nose and Throat				
Rhinorrhea	...	16	...	2.29
Inflamed	...	2	...	0.28
Slight Cleft Palate		1	...	0.14
Slight Palatal Paralysis		1	...	0.14
TONSILS				
Enlarged	...	142	...	20.40
ADENOIDS				
Present	...	28	...	4.02
SUBMAX AND CERVICAL GLANDS				
Enlarged	...	128	...	18.39

11. External Eye Diseases				Per cent.
Blepharitis	...	17	...	2.44
Strabismus (squint)	...	12	...	1.72
Corneal Opacity	...	1	...	0.14
12. Vision				
Nystagmus	...	3	...	0.43
Unable to read	...	3	...	0.43
VISUAL ACUITY				
Right	...	$\frac{6}{9}$ — 18	...	4.74
	...	$\frac{6}{12}$ — 16	...	4.22
	...	$\frac{6}{18}$ — 6	...	1.58
	...	$\frac{6}{24}$ — 2	...	0.52
	...	$\frac{6}{60}$ — 1	...	0.26
Left	...	$\frac{6}{9}$ — 12	...	3.16
	...	$\frac{6}{12}$ — 19	...	5.01
	...	$\frac{6}{18}$ — 6	...	1.58
	...	$\frac{6}{36}$ — 1	...	0.26
	...	$\frac{6}{60}$ — 1	...	0.26
13. Ear Disease				
Otorrhea	...	14	...	2.01
Wax	...	1	...	0.14
14. Hearing				
Impaired	...	14	...	2.01
Defective	...	2	...	0.28
15. Speech				
Fair	...	1	...	0.14
Indistinct	...	7	...	1.00
Thick	...	4	...	0.57
Impediment	...	5	...	0.71
Slow	...	1	...	0.14
16. Mental Condition				
Fair	...	8	...	1.14
Dull	...	33	...	4.75
Backward	...	4	...	0.57
Defective	...	4	...	0.57
Fits	...	2	...	0.28

17. Heart and Circulation				Per cent.
Mitral Regurgitation	4	...		0.57
Mitral Bruit ...	3	...		0.43
Bad Organic Double Mitral disease ...	1	...		0.14
Heart sounds impure	13	...		1.86
Heart rapid ...	1	...		0.14
Heart displaced	1	...		0.14
18. Lungs				
Bronchitis ...	27	...		3.87
Harsh breathing	5	...		0.71
Catarrh ...	1	...		0.14
Weak ...	1	...		0.14
19. Nervous System				
Blepharospasm	1	...		0.14
Emotional ...	3	...		0.43
Highly strung	1	...		0.14
20. Tuberculosis				
Phthisis ...	1	...		0.14
Spits Blood ...	1	...		0.14
Glands of Neck	1	...		0.14
Bowels ...	1	...		0.14
Scar on Cheek	1	...		0.14
Right Hip (partly cured)	1	...		0.14
Enlarged Submax. Glands	1	...		0.14
Slight Tubercular Fascia	1	...		0.14
21. Rickets				
Various ...	4	...		0.57
Chest ...	23	...		3.30
Pigeon Breast	3	...		0.43
Head ...	1	...		0.14
22. Deformities, Spinal Disease, &c.				
Old Deformity near Elbow Joint	1	...		0.14
Furrowed Chest	1	...		0.14
Flat Chest ...	2	...		0.28

Deformities, Spinal Disease, &c.—continued.

			Per cent.
4 Fingers of Left Hand without Nails	1	...	0'14
Congenital Enlargement of Left Hand and Forearm	1	...	0'14
Congenital Dislocation of both Hips	1	...	0'14
Deformed Head	1	...	0'14
Right Hip smaller than Left	1	...	0'14
Peculiar shaped Head and Paralysis of Right Side	1	...	0'14
Old Right Hip Disease cured, shortened 1 inch	1	...	0'14
Lateral Scoliosis	2	...	0'28
Slight Lordosis	1	...	0'14

23. Infectious or Contagious Disease

Impetigo	...	8	...	1'14
Scabies	...	3	...	0'43
Ringworm	...	12	...	1'72
Follicular Tonsillitis		1	...	0'14
Pertussis (Whooping Cough)	...	1	...	0'14

24. Other Disease or Defect

Anemia	...	1	...	0'14
Abscess back of Neck		1	...	0'14
Almost an Albino		1	...	0'14
Birth mark, Bald Patch on Head	...	1	...	0'14
Cough	...	1	...	0'14
Chronic Cough		1	...	0'14
Catarrh	...	2	...	0'28
Chronic Laryngitis		2	...	0'28
Chronic Congenital Dermatitis and Intractable Vomiting		1	...	0'14
Chronic Dermatitis		2	...	0'28

<i>Other Disease or Defect—continued.</i>			Per cent.
Cracked Ear ...	1	...	0·14
Discharging Vulva	1	...	0·14
Diarrhoea and Sickness	1	...	0·14
Delicate Child from Birth	1	...	0·14
Eczema ...	3	...	0·43
Face thick and Bridge of Nose low	1	...	0·14
Ganglion of Left Wrist	1	...	0·14
Inguinal Hernia	3	...	0·43
Infantile Paralysis of Left Leg ...	1	...	0·14
Inveterate Smoker in boy of 10 ² / ₁₂ years	1	...	0·14
Pityriasis Versicolor	1	...	0·14
Rash on Right Arm	1	...	0·14
Septic Blister on Foot	1	...	0·14
Small Alveolar Abscess	1	...	0·14
Slight Eruption on Body	1	...	0·14
Slight irritation, left arm	1	...	0·14
Stunted Growth	1	...	0·14
Worms ...	2	...	0·28
Weak Umbilicus	1	...	0·14

Number of Children not Vaccinated	89	12·78
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Absentees from Inspection.

Scabies ...	1	...	0·14
Scarlet Fever	3	...	0·43
Scarlet Fever Contact	1	...	0·14
Whooping Cough	8	...	1·14
Cough ...	5	...	0·71
Influenza ...	1	...	0·14
Sickness ...	3	...	0·43
Operation Appendicitis	1	...	0·14
Absent ...	2	...	0·28

Per-centage of Absentees 3·59.

SUMMARY OF DEFECTS.

Voluntary Schools.

Number of Children examined 743.

4. Clothing and Footgear per cent.

Fair	...	137	...	18·48
Poor	...	23	...	3·10
Bad	...	12	...	1·61
Insufficient	...	1	...	0·13

7. Nutrition

Fair	...	69	...	9·31
Poor	...	22	...	2·96

8. Cleanliness and Condition of Skin

HEAD

Fair	...	3	...	0·40
Scurf	...	3	...	0·40
Dirty	...	1	...	0·13
Nits	...	135	...	18·21
Lice	...	5	...	0·67

BODY

Fair	...	61	...	8·23
Poor	...	8	...	1·07
Dirty	...	8	...	1·07
Verminous and Scarred		1	...	0·13

9. Teeth

Fair	...	156	...	21·05
Poor	...	80	...	10·79
Bad	...	44	...	5·93

10. **Nose and Throat**

Per cent.

Rhinorrhea	...	7	...	0.94
Polypus Nasi	...	1	...	0.13
Inflamed Throat	...	2	...	0.26
TONSILS				
Enlarged	...	152	...	20.51
ADENOIDS				
Present	...	74	...	9.98
SUBMAX. AND CERVICAL GLANDS				
Enlarged	...	71	...	9.58

11. **External Eye Disease**

Blepharitis	...	10	...	1.34
Strabismus (squint)	...	10	...	1.34
Traumatic Conjunctivitis	...	1	...	0.13

12. **Vision**

VISUAL ACUITY

Right	...	$\frac{6}{9}$ — 5	...	1.63
	...	$\frac{6}{12}$ — 9	...	2.94
	...	$\frac{6}{18}$ — 7	...	2.28
	...	$\frac{6}{24}$ — 3	...	0.98
	...	$\frac{6}{36}$ — 1	...	0.32
Left	...	$\frac{6}{9}$ — 6	...	1.96
	...	$\frac{6}{12}$ — 8	...	2.61
	...	$\frac{6}{18}$ — 6	...	1.96
	...	$\frac{6}{24}$ — 2	...	0.65
	...	$\frac{6}{36}$ — 1	...	0.32

13. **Ear Disease**

Otorrhea	...	24	...	3.23
Wax	...	1	...	0.13

14. **Hearing**

Impaired	...	9	...	1.21
Defective	...	2	...	0.26

15. **Speech**

Per cent.

Fair	...	1	...	0·13
Nasal	...	1	...	0·13
Thick	...	3	...	0·40
Difficult	...	3	...	0·40
Indistinct	...	3	...	0·40
Lisp	...	1	...	0·13
Impediment	...	2	...	0·26

16. **Mental Condition**

Fair	...	9	...	1·21
Backward	...	3	...	0·40
Dull	...	25	...	3·37
Very Dull	...	4	...	0·53
Defective	...	2	...	0·26

17. **Heart and Circulation**

Mitral Regurgitation	1	...	0·13
Mitral Bruit	1	...	0·13
Double Mitral Disease	1	...	0·13
Systolic Bruit	2	...	0·26
Heart sounds impure	14	...	1·88
Heart sounds irregular	3	...	0·40
Heart sounds not clear	1	...	0·13
Heart rapid	1	...	0·13

18. **Lungs**

Bronchitis	...	26	...	3·50
Harsh Breathing		5	...	0·67
Moist Sounds all over		1	...	0·13
Cough	...	1	...	0·13

19. **Nervous System**

Fair	...	1	...	0·13
Very bad temper		1	...	0·13
Emotional	...	3	...	0·40

20. Tuberculosis

Per cent.

Phthisis	...	1	...	0·13
Glands of Neck		3	...	0·40
Fistula	...	1	...	0·13
Left Hip	...	1	...	0·13
Tubercular Enteritis		1	...	0·13
Marked Pott's Disease, said to be so from Birth, hands show Neuratrophy		1	...	0·13

21. Rickets

Various	...	3	...	0·40
Chest	...	32	...	4·45
Pigeon Breast		8	...	1·07
Bandy Legs		1	...	0·13

22. Deformities, Spinal Disease, &c.

Peculiar Head		2	...	0·26
Wry Neck	...	1	...	0·13
Abdomen swollen		3	...	0·26
Left leg wasted		1	...	0·13
Undescended right testicle		1	...	0·13
Lost 3 toes	...	1	...	0·13
Rupture	...	4	...	0·53
Slight lateral Scoliosis		2	...	0·26

23. Infectious or Contagious Disease

Varicella (Chicken Pox)		1	...	0·13
Impetigo	...	9	...	1·21
Scabies	...	4	...	0·53
Ringworm	...	7	...	0·94
Pertussis (Whooping Cough)	...	4	...	0·53
Scarlet Fever (Skin desquamating)		1	...	0·13

24. Other Disease or Defect

Per cent.

A thief ...	1	...	0·13
Catarrh ...	2	...	0·26
Catarrhal Jaundice	1	...	0·13
Chronic Sickness	1	...	0·13
Chronic Dermatitis	1	...	0·13
Capillary Nevus on left forearm and hand	1	...	0·13
Diarrhœa ...	1	...	0·13
Expansion of Chest not good ...	1	...	0·13
Eats sand, &c.	1	...	0·13
Eczema ...	5	...	0·67
Incontinence of urine	1	...	0·13
Inguinal glands enlarged	1	...	0·13
Lichin ...	1	...	0·13
Large mixed Nevus on right arm ...	1	...	0·13
Many Glands enlarged	1	...	0·13
Mole under chin	1	...	0·13
Old facial Abscess	1	...	0·13
One eye out ...	2	...	0·26
Prominent Clavicle	1	...	0·13
Pityriasis Versicolor	3	...	0·40
Phimosi ...	2	...	0·26
Sickness and Diarrhœa	1	...	0·13
Subject to Epistaxes	1	...	0·13
Swallowed a pin two days previous to examination	1	...	0·13
Slight Sore on face	1	...	0·13
Two Pustules on Chest	1	...	0·13
Urticaria ...	1	...	0·13
Worms ...	4	...	0·53

Number of Children not vaccinated 124 16·73

Absentees from Examination.

			Per cent.
Varicella ...	1	...	0·13
Scarlet Fever	2	...	0·26
Pneumonia ...	1	...	0·13
Accident ...	1	...	0·13
Sickness ...	4	...	0·53
Scabies Contact	1	...	0·13
Diphtheria Contact	1	...	0·13
In Norwich Hospital	1	...	0·13
At Sea ...	2	...	0·26
At School Treat	2	...	0·26
Out of Town ...	1	...	0·13
No Boots ...	1	...	0·13
Truants ...	4	...	0·53
Absent ...	9	...	1·21
Refused ...	7	...	0·94

Percentage of Absentees 5·12.

(vi). The average time occupied per inspection per head was 6 mins. 43·34 secs. This may seem a short time to devote to an exhaustive examination of each child but it must be remembered that no time was lost between the inspections, nor in loosening the clothing of the children, the children following up one another to the doctor's table with clock-like regularity, due to the organisation of the head teacher; the clothes were loosened by the parent, who attended in at least 80% of the children examined, the clerical work of the examination was done by another teacher deputed for the purpose so that the Medical Inspector was enabled to concentrate the whole of his attention to the examination of the child.

(D) General Review.

Reference to the previous detailed tables of defects will, by careful perusal, shew in actual numbers and also in percentages, the condition of children attending both the provided and non-provided schools,

(e) The housing conditions and the home circumstances of the children attending the Public Elementary Schools may be described as good. There are not many instances of neglectful parents. The condition of the Cottage property is also good, with the exception of some of the cottages situated on what is known as the North Beach, and a few habitations, the address of which may be described as at the rear of such and such a street or such and such a cottage.

(F) Review of the methods employed for the treatment for defects.

Reference has already been made, in detail, to this matter, in a previous portion of the Report. It is, however, common knowledge with people who have to do with School children that such diseases as Discharging Ears, Ringworm and some forms of Skin Diseases are extremely difficult, if not impossible, to cure and have to be under treatment for several months or perhaps years. The parents of the children thus afflicted are apt to become tired of the continual worry and interference with their work necessitated by continual visits to Medical men or Charitable Institutions, and when a child appears, after about eight months treatment in a case of say Ringworm, to be a lot better and the hair to have commenced to grow over the patches, to assume that the child is cured, to leave off treatment, and send the child again to school, whilst all the time the contagion is still existent. This, to a large extent, may be obviated by the establishment of a School Clinic. This latter procedure, in addition to furthering the treatment of the disease, would also give your S.M.O. more direct control over cases which are apparently cured but are still contagious.

With reference to the employment of School Nurses it will be noted in a previous portion of the report, that, with the loyal co-operation of the parent and the teacher, the employment of a Nurse during the actual inspection of the children in the School, has been rendered superfluous. In connection with enlisting the services of the District Nursing Associations for the treatment of children in their own homes found to be defective, there has been some correspondence with the Board of Education and I entirely agree with the Board that no Nurse should be allowed to treat any defect whatever, except under the control of a Medical Practitioner and from what has hitherto been written with reference to the facilities for obtaining such supervision, I maintain that this is the only way in which the District, or other Nurses can be profitably employed in *treatment*.

(G) Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under 45 (b), 53 (b), and 57 of the Code of 1908.

Reference to the Memorandum received from the Local Government Board, which will be found at the end of this report, will shew in detail the exact methods which are employed in this respect. Further remarks on the subject are therefore rendered unnecessary and would be merely repetition.

The methods employed have been for some time in force, and are issued from the office of the Medical Officer of Health. It is exceedingly satisfactory to your S.M.O. to find that his action has now received official sanction by the issue of the circular.

(H) Review of methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children, under the Acts of 1893 and 1899.

There is no school in the neighbourhood where these children can be properly dealt with, and it has been the practice of this authority to spend large sums in having children who have been so certified sent to be educated in special schools in various parts of the country. The question of the establishment of a school for this purpose in the immediate neighbourhood in order to minimise the cost of education, travelling expenses, and the like, will in the near future, engage the earnest consideration of the Education Authority.

6. (A) General Review of hygienic conditions prevalent in the Schools.

From what here follows it will be noticed that under this heading each school premises has been thoroughly inspected by the S.M.O. individually and also with the willing assistance of the Clerk of Works.

In detailing the results of such inspections the following headings will be taken into account, and in the respective schools will be referred to numerically.

1. Sanitation and surroundings.
2. Ventilation.
3. Lighting.
4. Warming.
5. Equipment.
6. Sanitation.
- 6a. Lavatories.
7. Water Supply, washing and drinking.
8. Cleanliness of Schoolrooms and Cloakrooms.
9. Arrangements for drying Cloaks and Boots.
10. Relation of General Arrangement of School to the health
of the children.
- 10a. Playground.

Council Schools.

Church Road Boys'.

1. North end of town, St. Margaret's Road, on high land, very open, exposed to ozone laden North East wind. No building of any particular height in the near neighbourhood.

2. Two Tobin tubes in each classroom, Boyle's ventilators in roof. Casement windows with inward flaps at tops, inward flow of air passes over radiators in addition to which there are some open fire-places.

3. Natural :—From windows, very good. Artificial :—Incandescent gas, not good.

4. Open fire-places and hot water pipes.

5. Very good throughout.

6. Six trough water closets. Channel urinal on the screen wall of the water closets. Both these are supplied with an efficient water supply from the Company's main, but only flushed automatically three times between 9 a.m. and 5 p.m.; were clean and in good order. Separate closet for teachers. Modern drainage system with interceptor and inspection chambers.

6a. Six stoneware lavatory basins with cold water laid on in two cloakrooms; separate basin for teachers and sink for caretaker.

7. Company's water, good, pressure bad, in summer by 3 p.m., water exhausted from cistern in roof.

8. Swept down every night, floors and desks washed with disinfectant at the Christmas, Easter, and Midsummer vacations.

9. Hot water pipes in cloak rooms, an air upcast for carrying off moisture, boys' coats are dried by noon, if they come wet to morning school.

10. Modern type of school, up-to-date and in good order.

10a. Good and large but wants paving. There is a lock-up cage in Cloak room for boys' dinners who are unable to go home at mid-day.

Number of children inspected, 49.

Absent on day of inspection, 1.

Height and weight of children at various ages :—

Age	...	...	...	7-8	8-9	9-10	10-11	11-12
Number inspected	...	...	...	18	19	8	3	1
Average height in inches				47½	49½	49	49½	48
Average height in centimeters				120·6	125·0	124·4	126·0	121·9
Standard height in inches				45·9	47·0	49·7	51·8	53·5
Standard height in centimeters				116·5	119·3	126·2	131·5	135·9
Average weight in pounds				47	52½	51½	55	58
Average weight in kilogrammes				21·3	23·7	23·5	24·9	26·3
Standard weight in pounds				49·7	54·9	60·4	67·5	72·0
Standard weight in kilogrammes				22·5	24·9	27·4	30·6	32·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.				per cent.	Schedule No.			Per cent.	
4	Fair	...	3	6·1	13	Otorrhea	1	2·0	
	Poor	...	1	2·0	15	Indistinct	1	2·0	
7	Fair	...	4	8·1		Slow	...	1	2·0
	Poor	...	1	2·0	16	Fair	...	2	4·0
8a	Nits	...	2	4·0		Dull	...	3	6·1
	Scurf	...	2	4·0		Defective		1	2·0
9	Fair	...	28	57·1	17	Mitral Regurgitation			
	Bad	...	4	8·1				1	2·0
10	Rhinorrhea		2	4·0	19	Blepharitis		1	2·0
10a	Enlarged		3	6·1	21	General		4	8·1
10b	Adenoids		1	2·0	22	Old deformity near			
10c	Enlarged		6	12·2		elbow joint		1	2·0
12	Nystagmus		1	2·0		Furrowed chest		1	2·0
	Unable to read		1	2·0		Pigeon chest		1	2·0
12a	Visual acuity $\frac{6}{9}$	3	6·2		23	Impetigo		1	2·0
	$\frac{6}{12}$	2	4·1			Ringworm		1	2·0
12b	$\frac{6}{9}$	3	6·2		24	Eczema		1	2·0
	$\frac{6}{12}$	3	6·2			Hernia	...	1	2·0
Inveterate smoker in boy of $10\frac{2}{12}$ years	1	2·0

ABSENT FROM INSPECTION.

Scabies ...	1	2.0 per cent.
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PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles ...	43	86	Chicken Pox ...	22	44
Whooping Cough	31	62	Scarlet Fever	5	10
Not Vaccinated ...	5				10 per cent.

Church Road Girls'.

1. North end of town, St. Margaret's Road, on high land, very open, exposed to ozone laden North East wind. No building of any particular height in the near neighbourhood.

2. Two tobin tubes in each classroom, Boyle's ventilators in roof. Casement windows with inward flaps at tops, inward flow of air passes over radiators in addition to which there are some open fire-places.

3. Natural :—From windows, very good. Artificial :—Incan-
descent gas, not good.

4. Open fire-places and hot water pipes.

5. Very good throughout.

6. Nine trough water closets ; these are supplied with an efficient water supply from the Company's main but only flushed automatically three times between 9 a.m. and 5 p.m. ; were clean and in good order. Separate closet for teachers. Modern drainage system with interceptor and inspection chambers.

6a. Four lavatory basins with cold water laid on in two cloak-rooms.

7. Company's water, good, pressure bad ; in summer by 3 p.m. water exhausted from cistern in roof.

8. Swept down every night, floors and desks washed with disinfectant at the Christmas, Easter, and Midsummer vacations.

9. Hot water pipes in cloak rooms and an air upcast for carrying off moisture, cloaks are dried by noon if they come wet to morning school.

10. Modern type of school, up-to-date and in good order.

10a. Large and good paved playground. There are lock-up cages in cloak rooms for girls' dinners who are unable to go home at mid-day.

Number of Children inspected, 51.

Absent on day of inspection, 3.

Height and weight of children at various ages :—

Age	...	...	...	7-8	8-9	9-10	10-11
Number inspected...			...	25	19	6	1
Average height in inches				47	48½	48½	53⅜
Average height in centimeters				119·4	123·2	123·2	135·6
Standard height in inches				44·4	46·6	48·7	51·0
Standard height in centimeters				112·7	118·3	123·7	129·5
Average weight in pounds				51	50	54½	67
Average weight in kilogrammes				23·1	22·7	24·6	30·4
Standard weight in pounds				47·5	52·1	55·5	62·0
Standard weight in kilogrammes				21·5	23·6	25·1	28·1

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.				Per cent.	Schedule No.				Per cent.
7	Fair	...	5	9·8	14	Dull	...	1	1·9
8a	Nits	...	13	25·4		Defective		2	3·9
9	Fair	...	30	58·8	15	Thick	...	1	1·9
	Bad	...	9	17·6		Stammers		1	1·9
10a	Enlarged		13	25·4	16	Dull	...	1	1·9
10b	Present	...	1	1·9	17	Mitral disease		1	1·9
10c	Enlarged		5	9·8	22	Four fingers of			
11	Blepharitis		1	1·9		left hand without			
12a	Visual Acuity	6/9	3	5·8		nails	...	1	1·9
		6/12	3	5·8	23	Impetigo		1	1·9
		6/24	1	1·9		Scabies	...	1	1·9
12b		6/9	1	1·9		Whooping Cough	1		1·9
		6/12	4	7·8	24	Old right hip			
		6/36	1	1·9		disease cured,			
13	Otorrhea		4	7·8		shortened 1-in.			
						in length		1	1·9

ABSENT FROM INSPECTION.

			Per cent.
Scarlet Fever Contact	1		1.9
Operation for Appendicitis	1		1.9
Sick	-	-	1.9

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles	...	46	85.1	Scarlet Fever	3 5.5
Whooping Cough		35	64.8	Diphtheria	...
Chicken Pox		27	50.0		3 5.5
	Not Vaccinated	...	5	9.2	

Church Road Infants'.

1. A one story building at north end of town, St. Margaret's Road, on high land, very open, exposed to ozone laden North East wind. No building of any particular height in the near neighbourhood.

2. Two Tobin tubes in each classroom, Boyle's ventilators and casement windows in roof and walls, the latter having inward flaps at top; inward flow of air passes over radiators in addition to which there are some open fire places.

3. Natural :—From windows, very good. Artificial :—Incan-
descent gas, not good.

4. Open fire places and hot water pipes.

5. Very good throughout.

6. Eight trough water closets, clean and in good condition; channel urinal on screen wall of Water Closets. Both these are supplied with an efficient water supply from the Company's main, but only flushed automatically three times between 9 a.m. and 5 p.m. Modern drainage system; separate accommodation for teachers.

6a. Six lavatory basins with cold water laid on in two cloak-rooms.

7. Company's water, good, occasionally runs short in summer, has not done so lately.

8. Swept down every night, floors and desks washed with disinfectant at the Christmas, Easter, and Midsummer vacations.

9. Hot water pipes in cloakrooms, ventilation by casement windows with inward flap. Insufficient accomodation for cloaks, a portable carrier is fixed down centre of cloakrooms for surplus cloaks.

10. Modern type of school, up-to-date and in good order; has large marching hall.

10a. Good large paved playground.

Number of children inspected, 91.

Absent on day of inspection, 16.

Height and weight of children at various ages :—

	Males.			Females.			
Age. 	5-6	6-7	7-8	5-6	6-7	7-8	8-9
Number inspected	42	10	3	26	6	2	2
Average height in inches	42	43 $\frac{1}{8}$	45 $\frac{1}{4}$	41 $\frac{5}{8}$	43 $\frac{3}{4}$	44	45 $\frac{1}{2}$
Average height in centimeters	106·6	109·5	114·9	105·7	111·1	111·7	115·5
Standard height in inches	41·0	44·0	45·9	40·5	42·8	44·4	46·6
Standard height in centimeters	104·1	111·7	116·5	102·8	108·7	112·7	118·3
Average weight in pounds	39 $\frac{3}{4}$	43 $\frac{1}{2}$	41	38	45 $\frac{1}{4}$	42 $\frac{1}{2}$	53
Average weight in kilogrammes	18·1	19·7	18·6	17·2	20·5	19·3	24·0
Standard weight in pounds	39·9	44·4	49·7	39·2	41·7	47·5	52·1
Standard weight in kilogra'mes	18·1	20·2	22·5	17·8	18·9	21·5	23·6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

			Males		Females	
Schedule No.				Per cent.		Per cent.
4. Fair	...	2	2·2		2	2·2
7. Fair	...	5	5·4		6	6·5
8a. Nits	...	4	4·4		16	17·5
Scurf	...	3	3·3		1	1·1
8b. Fair	...	6	6·5		1	1·1
9. Fair	...	20	21·9		7	7·6
Poor	...		...		5	5·4
Bad	...	5	5·4		1	1·1
10. Rhinorrhea	...	4	4·4		2	2·2
10a. Enlarged	...	14	15·3		7	7·6
10b. Present	...	2	2·2		3	3·3
10c. Enlarged	...	16	17·5		8	8·7
11. Strabismus (Squint)		3	3·3		...	
Blepharitis	...	2	2·2		1	1·1
13. Otorrhea	...	1	1·1		1	1·1
14. Impaired	...	1	1·1		1	1·1

Schedule No.		Males	Per cent.	Females	Per cent.
15.	Fair	...		1	1.1
	Indistinct	...	1	1.1	...
16.	Dull	...		1	1.1
	Backward	...		2	2.2
18.	Bronchitis	...	1	1.1	3.3
	Harsh breathing	1	1.1	...	
21.	Chest	...	2	2.2	2.2
22.	Congenital enlargement of left hand and forearm	...	1	1.1	...
	Congenital Dislocation of both hips	...		1	1.1
23.	Impetigo	...	1	1.1	...
24.	Cough present	...	1	1.1	...
	Septic Blister on foot	...	1	1.1	...
	Cracked Ear	...	1	1.1	...
	Worms	...		1	1.1
	Catarrh	...		1	1.1
	Pityriasis Versicolor	...		1	1.1
	Face thick and Bridge of Nose low	...	...	1	1.1

ABSENT FROM INSPECTION.

		Per cent.			Per cent.
Whooping Cough	8	7.4	Scarlet Fever	1	0.9
Bad Cold	5	4.6	Influenza	1	0.9
Absent without reason	1	0.9			

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

Measles	...	70	67.3	Scarlet Fever	...	7	6.7
Whooping Cough	48	46.1	Diphtheria	...	1	0.9	
Chicken Pox	31	29.8					
Not Vaccinated		76.5	per cent.				

Roman Hill Boys'.

1. On Roman Hill, west part of town. Good class of modern cottage property in neighbourhood, and wide streets.

2. Two Tobin Tubes in each classroom. Open fireplaces with ventilators into chimneys, top of windows fall inwards. Fresh air inlets at back of radiators.

3. Natural :—Large casement windows. Artificial :—Electric. Candles are provided in case of failure of the latter.

4. Open fireplaces and hot water pipes.

5. Very good throughout.

6. Six trough water closets, automatically flushed three times between 9 a.m. and 4.30 p.m. Large urinal, clean and in good condition. There is separate closet and lavatory accommodation for teachers.

6a. Six stoneware lavatory basins in two cloakrooms, also stoneware sink for caretaker, all in good order.

7. Company's water, supply ample and constant. There is a fountain for drinking purposes in playground.

8. Floors swept over every night. Floors scrubbed and desks washed at Easter, August and Christmas vacations.

9. Hot water pipes in cloakrooms with an aperture and flue from ceiling.

10. Modern type of school, up-to-date and in good order.

10a. Excellent paved playground with large open shelter at one end.

Number of children inspected, 49.

Height and weight of children at various ages :—

Age	...	...	...	7-8	8-9	9-10	10-11	11-12
Number inspected	...	...	...	4	25	16	3	1
Average height in inches	...	...	...	48 $\frac{1}{8}$	48 $\frac{1}{2}$	50 $\frac{7}{8}$	51 $\frac{3}{8}$	53
Average height in centimeters	...	...	...	122·2	123·2	129·2	130·5	134·6
Standard height in inches	...	...	...	45·9	47·0	49·7	51·8	53·5
Standard height in centimeters	...	...	...	116·5	119·3	126·2	131·5	135·9
Average weight in pounds	...	...	...	51	53 $\frac{1}{2}$	58 $\frac{1}{4}$	58 $\frac{1}{4}$	54
Average weight in kilogrammes	...	...	...	23·1	24·2	26·9	26·9	24·5
Standard weight in pounds	...	...	...	49·7	54·9	60·4	67·5	72·0
Standard weight in kilogrammes	...	...	...	22·5	24·9	27·4	30·6	32·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			per cent.	Schedule No.		per cent.
4.	Fair ...	1	2.0	12a.	Visual Acuity	
	Poor ...	1	2.0		Right $\frac{6}{9}$	4 8.1
7.	Fair ...	5	10.2		$\frac{6}{12}$	1 2.0
	Bad ...	1	2.0		$\frac{6}{18}$	2 4.0
8.	Nits ...	1	2.0		Left $\frac{6}{9}$	2 2.0
	Scurf ...	1	2.0		$\frac{6}{12}$	2 2.0
9.	Fair ...	11	22.4		$\frac{6}{18}$	2 2.0
	Poor ...	12	24.4	13.	Otorrhea	1 2.0
	Bad ...	4	8.1	14.	Impaired	3 6.1
10.	Rhinorrhea	1	2.0	16.	Fair ...	1 2.0
	Inflamed	1	2.0		Dull ...	3 6.1
10a.	Enlarged	13	26.5	17.	Heart sound	
10b.	Present	3	6.1		impure ...	4 8.1
10c.	Enlarged	9	18.3	18.	Bronchitis	4 8.1
11.	Blepharitis	3	6.1	21.	Chest ...	6 12.2
	Strabismus	2	4.0	23.	Ringworm	1 2.0
12.	Nystagmus	1	2.0	24.	Almost an albino	1 2.0
					Weak Umbilicus	1 2.0

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles	40	81	Whooping Cough	23	47
Chicken Pox	13	26	Scarlet Fever	5	10
Not Vaccinated	10	20			

Roman Hill Girls'.

1. On Roman Hill, West part of town. Good class of modern cottage property in neighbourhood, and wide streets.
2. Two Tobin Tubes in each classroom, Boyle's ventilator in roof. Air inlets at back of radiators.
3. Natural :—Large casement windows. Artificial :—Electric. Candles are provided in case of failure of the latter.
4. Open fireplaces and hot water pipes.
5. Very good throughout.
6. Eight trough water closets, automatically flushed three times between 9 a.m. and 4.30 p.m. There is separate closet and lavatory accommodation for teachers.
- 6a. Four stoneware lavatory basins in two cloakrooms, also stoneware sink for caretaker. All in good order.
7. Company's water, supply ample and constant. There is a fountain for drinking purposes in playground.
8. Floors swept over every night. Floors scrubbed and desks washed at Easter, August and Xmas vacations.
9. Hot water pipes in cloakrooms with an aperture and flue from ceiling.
10. Modern type of school, up-to-date and in good order.
- 10a. Excellent paved playground with large open shelter at one end.

Number of children inspected, 51.

Height and weight of children at various ages :—

Age	7-8	8-9	9-10	10-11	11-12	12-13
Number inspected ...	3	30	14	2	1	1
Average height in inches ...	49½	48½	50	47	54¼	55
Average height in centimeters	125·7	123·5	127·0	119·3	137·8	139·7
Standard height in inches ...	44·4	46·6	48·7	51·0	53·1	55·6
Standard height in centimeters	112·7	118·3	123·7	129·5	134·8	141·2
Average height in pounds ...	58½	53½	54¾	66	75	73
Average height in kilogrammes	26·5	24·2	24·8	29·9	34·0	34·0
Standard weight in pounds ...	47·5	52·1	55·5	62·0	68·1	76·4
Standard weight in kilogrammes	21·5	23·6	25·1	28·1	30·8	34·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			per cent.	Schedule No.			Per cent.	
7.	Fair	...	1	1.9	16.	Dull ...	5	9.8
8a.	Nits	...	24	47.0		Backward	1	1.9
	Scurf	...	3	5.8	17.	Mitral Regurgitation	1	1.9
8b.	Dirty	...	1	1.9		Heart sounds impure ...	1	1.9
9.	Fair	...	18	35.3	18.	Bronchitis	2	3.9
	Poor	...	8	15.6	19.	Emotional	1	1.9
	Bad	...	3	5.8	20.	Glands of neck	1	1.9
10.	Rhinorrhea		1	1.9	21.	Chest ...	1	1.9
10a.	Enlarged		11	21.5	23.	Ringworm	1	1.9
10c.	Enlarged		8	15.6	24.	Abscess back of neck ...	1	1.9
11.	Blepharitis		2	3.9		Chronic Laryngitis	1	1.9
	Strabismus		2	3.9		Chronic Cough	1	1.9
12a.	Visual Acuity					Chronic congenital dermatitis and intractable vomiting	1	1.9
		6/9	1	1.9		Catarrh	1	1.9
		6/12	4	7.8		Ganglion of left wrist ...	1	1.9
		6/18	3	5.8				
		6/60	1	1.9				
12b.		6/9	1	1.9				
		6/12	4	7.8				
		6/18	3	5.8				
		6/60	1	1.9				
15.	Indistinct		1	1.9				

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			per cent.				per cent.	
Measles	...	44	86		Scarlet Fever	...	8	15
Whooping Cough		31	60		Diphtheria	...	4	7
Chicken Pox	...	23	45					
Not Vaccinated			...	11	21 per cent.			

Roman Hill Infants'.

1. On Roman Hill, west part of town. Good class of modern cottage property in neighbourhood, and wide streets.

2. Two Tobin tubes in each classroom, Boyle's ventilator in roof. Air inlet at back of radiator. A one story building.

3. Natural :—Large casement windows. Artificial :—Electric. Candles are provided in case of failure of the latter.

4. Open fireplaces and hot water pipes.

5. Very good throughout.

6. Nine trough water closets and large urinal, flushed automatically three times between 9 a.m. and 4.30 p.m. There are separate closet and lavatory for teachers.

6a. Six stoneware lavatory basins in two cloakrooms also stoneware sink for caretaker. All in good order.

7. Company's water, supply ample and constant. There is a fountain for drinking purposes in playground.

8. Floors swept over every night. Floors scrubbed and desks washed at Easter, August and Xmas vacations.

9. Hot water pipes in cloakrooms with an aperture and flue from ceiling.

10. Modern type of school, up-to date, and in good order.

10a. Excellent paved play ground with large open shelter at one end.

Number of children inspected, 72.

Absent on day of inspection, 2.

Number of children inspected, 72.

Absent on day of Inspection, 2.

Height and weight of children at various ages :—

	Males.					Females.				
	3-4	4-5	5-6	6-7	7-8	3-4	4-5	5-6	6-7	7-8
Age ...	...	...	...	...	...	...	...	...	...	...
Number inspected ...	6	17	9	4	2	2	14	14	3	1
Average height in inches ...	37 $\frac{5}{8}$	39	40 $\frac{3}{4}$	41 $\frac{3}{4}$	42 $\frac{1}{4}$	37 $\frac{3}{4}$	39 $\frac{1}{8}$	40 $\frac{1}{4}$	43 $\frac{3}{4}$	48
Average height in centimeters ...	95.5	99.0	103.5	106.0	107.3	95.9	99.3	102.2	111.1	121.9
Standard height in inches ...	...	...	41.0	44.0	45.9	...	...	40.5	42.8	44.4
Standard height in centimeters ...	...	...	104.1	111.7	116.5	...	...	102.8	108.7	112.7
Average weight in lbs.	34 $\frac{1}{2}$	36	38	41 $\frac{3}{4}$	44 $\frac{1}{2}$	33 $\frac{1}{2}$	35 $\frac{1}{4}$	39 $\frac{3}{4}$	43 $\frac{3}{4}$	48
Average weight in kilogrammes ...	15.6	16.3	17.2	19.0	20.2	15.2	16.0	18.0	19.9	21.8
Standard weight in lbs.	...	...	39.9	44.4	49.7	...	...	39.2	41.7	47.5
Standard weight in kilogrammes ...	...	...	18.1	20.2	22.5	...	...	17.8	18.9	21.5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

			Males		Females		
Schedule No.				per cent.			per cent.
7.	Fair	...	1	1·3			
	Poor				...	1	1·3
8a.	Nits	...	2	2·7	...	7	9·7
	Dirty				...	1	1·3
8b.	Fair	...	1	1·3	...	1	1·3
9.	Fair	...	5	6·9	...	8	11·1
	Poor	...	1	1·3	...	3	4·1
	Bad	...	2	2·7	...	1	1·3
10a.	Enlarged	...	9	12·5	...	5	6·9
10b.	Present	...	4	5·5	...	2	2·7
10c.	Enlarged	...	9	12·5	...	6	8·3
11.	Blepharitis	...	2	2·7	...	1	1·3
	Corneal Opacity		1	1·3			

Schedule No.	Males				Females		
			Per cent.			Per cent.	
13.	Otorrhea	...	2	2·7	...	1	1·3
14.	Impaired	...	2	2·7	...	1	1·3
15.	Thick				...	1	1·3
17.	Heart sounds impure	...	1	1·3			
	Heart rapid				...	1	1·3
18.	Bronchitis	...	3	4·1	...	1	1·3
	Catarrh				...	1	1·3
20.	Bowels	...	1	1·3			
	Enlarged submax glands				...	1	1·3
21.	Pigeon Breast		1	1·3			
22.	Lateral Scoliosis				...	1	1·3
23.	Ringworm	...	1	1·3			
	Impetigo				...	1	1·3
24.	Delicate child from birth	...	1	1·3			
	Slight irritation of left arm	...	1	1·3			
	Small Alveolar Abscess	...	1	1·3			
	Sickness and Diarrhœa				...	1	1·3
	Stunted in growth				...	1	1·3

ABSENTEES FROM INSPECTION.

Scarlet Fever	...	2	2·7
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PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles	...	46	63	Scarlet Fever	4 5·5
Whooping Cough		36	50	Diphtheria	1 1·3
Chicken Pox	...	23	32		
Not Vaccinated		15	20·8 per cent.		

Lovewell Road Boys'.

1. Lovewell Road, open, no high buildings in the near vicinity, good class cottage property and residential houses in neighbourhood.
2. Two Tobin tubes in each classroom, Boyle's ventilator in roof, fresh air inlets at back of radiators. A one story building.
3. Natural :—from large windows ; Artificial :—incandescent gas, burners too low.
4. Open fire-places and hot water pipes ; Head Master complains of deficiency of radiators in cold weather ; only one stove and one radiator in each classroom, main room satisfactory, but others cannot be sufficiently warmed.
5. Very good ; a few more desks required.
6. Five Trough closets and large urinal, clean ; separate closet for teachers, clean. Children's closets, flushed automatically 3 times between 9 a.m. and 4.30 p.m.
- 6a. Six stoneware wash basins in two cloakrooms ; additional separate basin for teachers and sink for caretaker, all clean.
7. Public supply, good and ample. Drinking fountain in playground but water not turned on.
8. Scrubbed out three times per annum, viz. :—at Easter, August and Christmas vacations ; swept out every night.
9. Hot water pipes in cloakrooms, ventilated by air inlet and flue from ceiling.
10. Modern, up-to-date school.
- 10a. Large playground adjoining building, portion only paved, wants paving all over. Another large playground opposite ; covered-in shelter in the former.

Number of children inspected, 53.

Height and weight of children at various ages :—

Age	6-7	7-8	8-9	9-10	11-12
Number inspected	5	22	21	4	1
Average height in inches	46 $\frac{1}{4}$	46 $\frac{1}{4}$	47 $\frac{3}{8}$	49 $\frac{5}{8}$	53 $\frac{7}{8}$
Average height in centimeters	117·4	117·4	120·3	126·0	136·8
Standard height in inches	44·0	45·9	47·0	49·7	53·5
Standard height in centimeters	111·7	116·5	119·3	126·2	135·9
Average weight in pounds ...	49 $\frac{1}{2}$	49 $\frac{3}{4}$	50 $\frac{1}{2}$	53 $\frac{1}{2}$	60
Average weight in kilogrammes	22·4	22·6	22·9	24·2	27·2
Standard weight in pounds	44·4	49·7	54·9	60·4	72·0
Standard weight in kilogrammes	20·2	22·5	24·9	27·4	32·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Per cent.	Schedule No.		Per cent.
7	Fair ...	7 13·2	15	Indistinct	3 5·6
	Poor ...	1 1·8		Impediment	2 3·7
8a	Nits ...	6 11·3	16	Fair ...	3 5·6
	Scurf ...	1 1·8		Dull ...	4 7·5
8b	Fair ...	1 1·8		Defective	1 1·8
9	Fair ...	18 33·9	17	Mitral Regurgitation	
	Poor ...	5 9·4			1 1·8
	Bad ...	6 11·3		Heart displaced	1 1·8
10	Rhinorrhea	1 1·8	18	Bronchitis	2 3·7
	Inflamed	1 1·8		Harsh breathing	1 1·8
10a	Enlarged	7 13·2		Weak ...	1 1·8
10b	Present ...	3 5·6	19	Emotional	1 1·8
10c	Enlarged	11 20·7	20	Phthisis ...	1 1·8
11	Strabismus (Squint)			Spits blood	1 1·8
		2 3·7	21	Chest ...	3 5·6
12	Unable to read	2 3·7		Pigeon breast	1 1·8
12a	Visual acuity $\frac{6}{9}$	3 5·8	22	Flat chest	1 1·8
	$\frac{6}{12}$	2 3·9		Head deformed	1 1·8
12b	$\frac{6}{9}$	3 5·8		Lateral Scoliosis	1 1·8
	$\frac{6}{12}$	3 5·8	24	Birth mark, bald patch on head	1 1·8
13	Wax ...	1 1·8			
14	Impaired	3 5·6			

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			Per cent.				Per cent.
Measles	...	52	98·1		Scarlet Fever	4	7·5
Whooping Cough		32	60·3		Diphtheria ...	4	7·5
Chicken Pox		28	52·8				
Not Vaccinated ...				13	24·5 per cent.		

Lovewell Road Girls.

1. Lovewell Road, open, no high building in the near vicinity, good class cottage property and residential houses in neighbourhood.
2. Two Tobin tubes in each classroom, Boyle's ventilator in roof, fresh air inlets at back of radiators.
3. Natural :—from large windows ; Artificial :—incandescent gas.
4. Open fire places and hot water pipes ; only one stove and one radiator in each room, main room satisfactory, others cannot be sufficiently warmed.
5. Very good.
6. Eight trough Closets, flushed automatically three times between 9 a.m. and 4.30 p.m. Separate water closet for teachers, all clean.
- 6a. Four stoneware wash basins on landing, additional basin for teachers and sink for caretaker.
7. Public supply, good and ample. Drinking fountain in playground, but water not turned on.
8. Scrubbed out three times per annum, viz. :—at Easter, August and Christmas vacations ; swept out every night.
9. Hot water pipes in cloakrooms ventilated by air inlet and flue from ceiling.
10. Large paved playground with covered in shelter.

Number of children inspected, 62.

Absent on day of inspection, 2.

Height and weight of children at various ages :—

Age ...	6-7	7-8	8-9	9-10	10-11	11-12	13-14
Number inspected ...	1	17	34	3	2	3	2
Average height in inches	47	47 $\frac{1}{4}$	47 $\frac{3}{4}$	46 $\frac{1}{8}$	50 $\frac{5}{8}$	50 $\frac{5}{8}$	57 $\frac{1}{8}$
Average height in centimeters ...	119.3	120.0	121.2	119.0	128.5	128.5	147.0
Standard height in inches	42.8	44.4	46.6	48.7	51.0	53.1	57.7
Standard height in centimeters ...	108.7	112.7	118.3	123.7	129.5	134.8	146.5
Average weight in lbs.	49	49 $\frac{3}{4}$	50 $\frac{3}{4}$	49 $\frac{1}{2}$	52 $\frac{1}{2}$	65	83 $\frac{1}{2}$
Average weight in kilos.	22.2	22.6	23.1	22.4	23.8	29.4	37.8
Standard weight in lbs.	41.7	47.5	52.1	55.5	62.0	68.1	87.2
Standard weight in kilos.	18.9	21.5	23.6	25.1	28.1	30.8	39.6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.				per cent.	Schedule No.				per cent.
4	Fair	...	3	4.8	13	Otorrhea	1		1.6
7	Fair	...	3	4.8	16	Fair	...	1	1.6
8a	Nits	...	34	54.8		Dull	...	1	1.6
8b	Fair	...	3	4.8		Backward		1	1.6
9	Fair	...	22	35.4	18	Bronchitis		1	1.6
	Poor	...	9	14.5		Harsh breathing	2		3.2
	Bad	...	6	9.6	20	Tubercular scar			
10	Slight Cleft Palate	1		1.6		on cheek	1		1.6
10a	Enlarged	9		14.5		Right hip (partly			
10b	Present ...	1		1.6		cured)	1		1.6
10c	Enlarged	8		12.9	22	Right hip smaller			
11	Blepharitis	1		1.6		than left	1		1.6
	Strabismus	2		3.2	23	Ringworm	3		4.8
12a	Visual Acuity $\frac{6}{9}$	2		3.2	24	Infantile Paralysis			
	$\frac{6}{12}$	3		4.8		of left leg	1		1.6
	$\frac{6}{18}$	1		1.6		Discharging Vulva			
12b	$\frac{6}{9}$	1		1.6			1		1.6
	$\frac{6}{12}$	4		6.4		Right Inguinal			
	$\frac{6}{18}$	1		1.6		hernia	1		1.6

ABSENT FROM INSPECTION.

Sickness ... 2 3·1 per cent.

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			Per cent.				Per cent.
Measles	...	49	79·0		Scarlet Fever	5	8·0
Whooping Cough		26	41·9		Diphtheria ...	3	4·8
Chicken Pox		24	38·7				
Not Vaccinated				...	7	11·2	

Lovewell Road Infants.

1. Lovewell Road, open, no high buildings in the near vicinity, good class cottage property and residential houses in neighbourhood.

2. Two Tobin tubes and one chimney ventilator in each class-room; fresh air inlets at back of radiators.

3. Natural:—from large windows. Artificial:—incandescent gas, satisfactory, used so little.

4. Open fire-places and hot water pipes, satisfactory.

5. Very good.

6. Eight trough closets, flushed automatically 3 times between 9 a.m. and 4.30 p.m. Urinal for infant boys. All clean. Separate closet for teachers.

6a. Six stoneware wash basins adjoining cloakrooms and marching hall. Additional separate basin for teachers and sink for caretaker, all clean.

7. Public supply, good and ample. Drinking fountain in playground, but water not turned on.

8. Scrubbed out three times per annum, viz. :—at Easter, August and Christmas vacations ; swept out every night.

9. Hot water pipes in cloakrooms ventilated by air inlet and flue from ceiling.

10. Modern, up-to-date school.

10a. Large paved playground with covered-in shelter.

Number of children inspected, 91.

Heights and weights of children at various ages :—

	Males.					Females.			
	3-4	4-5	5-6	6-7	7-8	4-5	5-6	6-7	7-8
Age ...	...	...	...	...	...	...	...	...	...
Number inspected ...	1	20	15	2	1	29	15	3	5
Average height in inches ...	36 $\frac{1}{2}$	39 $\frac{3}{8}$	39 $\frac{7}{8}$	44 $\frac{1}{8}$	43 $\frac{1}{4}$	38 $\frac{7}{8}$	41 $\frac{3}{4}$	43 $\frac{7}{8}$	44 $\frac{1}{4}$
Average height in centimeters ...	92·7	100·0	101·2	112·0	109·8	98·7	106·0	111·4	112·4
Standard height in inches ...	...	...	41·0	44·0	45·9	...	40·5	42·8	44·4
Standard height in centimeters ...	...	...	104·1	111·7	116·5	...	102·8	108·7	112·7
Average weight in lbs.	37	37	39 $\frac{1}{4}$	43 $\frac{1}{2}$	36 $\frac{1}{2}$	37	40 $\frac{1}{2}$	45 $\frac{1}{4}$	46
Average weight in kilogrammes ...	16·8	16·8	17·8	19·7	16·5	16·8	18·3	20·5	20·9
Standard weight in lbs.	...	...	39·9	44·4	49·7	...	39·2	41·7	47·5
Standard weight in kilogrammes ...	...	...	18·1	20·2	22·5	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.	Males.	Per cent.		Females	Per cent.
4 Fair ...	2	2·2	...	2	2·2
7 Fair ...	3	3·3	...	3	3·3
8a Nits ...	7	7·6	...	25	27·4
Scurf ...	1	1·1			
8b Fair ...	2	2·2	...	10	10·9
9 Fair ...	7	7·6	...	10	10·9
Poor ...			...	4	4·4
Bad ...	3	3·3	...	2	2·2
10 Rhinorrhea	2	2·2	...	1	1·1
10a Enlarged	16	17·5	...	11	12·0
10b Present ...	3	3·3	...	1	1·1
10c Enlarged	9	9·8	...	9	9·8
11 Blepharitis	1	1·1	...	1	1·1
12 Nystagmus	1	1·1			

13	Otorrhea	1	1.1	...	1	1.1
14	Defective				1	1.1
16	Dull ...	1	1.1			
17	Mitral Bruit	1	1.1			
	Heart sounds impure	1	1.1	...	1	1.1
18	Bronchitis	1	1.1	...	4	4.4
19	Emotional				1	1.1
21	Chest ...	3	3.3	...	1	1.1
	Head ...	1	1.1			
23	Impetigo	1	1.1			
	Scabies ...	2	2.2			
	Ringworm	3	3.3	...	1	1.1
24	Threadworms				1	1.0

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles ...	52	57.1	Scarlet Fever	5	5.4
Whooping Cough	36	39.5	Diphtheria ...	2	2.2
Chicken Pox	16	17.5			
Not Vaccinated		9	9.8 per cent.		

Morton Road Mixed.

1. In Morton Road, open situation, good class of cottage property in neighbourhood.

2. Two Tobin Tubes in each classroom, Boyle's Ventilator in roof, fresh air inlets at back of radiators; there is also an open fireplace.

3. Natural :—From large windows. Artificial :—Incandescent gas, no complaints of same.

4. Open fireplaces and hot water pipes.

5. Very good.

6. Four trough water closets and large urinal for Boys with automatic flush. There are also separate closets for teachers ; all clean.

6a. Six stoneware washbasins in two cloakrooms, also separate washbasin for teachers and stoneware sink for caretaker.

7. Company's water good, supply runs short on summer afternoons. There is a drinking fountain in playground and six enamelled mugs are kept in cloakrooms for children's use.

8. Swept down every night and scrubbed out at Easter, August and Christmas vacations.

9. Hot water pipes in cloakrooms with an air upcast for carrying off moisture.

10. Modern type of school, up-to-date and in good order.

10a. Large paved playground with covered in shelter. The girls do not use either this playground or water closets.

Number of children inspected, 63.

Height and weight of children at various ages :—

	Males.					Females.					
	8-9	9-10	10-11	11-12	12-13	8-9	9-10	10-11	11-12	12-13	13-14
Age ...	8-9	9-10	10-11	11-12	12-13	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected ...	13	11	2	1	1	8	13	6	4	3	1
Average height in inches ...	48½	49½	50	52½	55¾	49	50½	52½	53¾	56½	53
Average height in centimeters ...	123·2	124·8	127·0	132·7	141·6	124·4	128·2	133·3	136·5	142·5	134·6
Standard height in inches ...	47·0	49·7	51·8	53·5	54·9	46·6	48·7	51·0	53·1	55·6	57·7
Standard height in centimeters ...	119·3	126·2	131·5	135·9	139·4	118·3	123·7	129·5	134·8	141·2	146·5
Average weight in lbs.	52	53¾	53½	65	75	53½	57½	65	64½	81½	79
Average weight in kilogrammes ...	23·6	24·3	24·2	29·4	34·0	24·2	26·5	29·4	29·2	36·9	35·8
Standard weight in lbs.	54·9	60·4	67·5	72·0	76·7	52·1	55·5	62·0	68·1	76·4	87·2
Standard weight in kilogrammes ...	24·9	27·4	30·6	32·7	34·8	23·6	25·1	28·1	30·8	34·7	39·6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Males.	Per cent.		Females.	Per cent.
4	Fair ...	1	1·5			
7	Fair ...	4	6·3	...	2	3·1
	Poor ...	1	1·5			
8a	Nits ...	3	4·7	...	15	23·8
	Scurf ...				1	1·5
8b	Fair ...	2	3·1	...	2	3·1
	Dirty ...	1	1·5			
9	Fair ...	12	19·0	...	16	25·4
	Poor ...	2	3·1	...	3	4·7
	Bad ...				1	1·5
10a	Enlarged ...	6	9·5	...	8	12·7
10b	Present ...	1	1·5			
10c	Enlarged ...	8	12·7	...	4	6·3
11	Blepharitis	2	3·1			

12a	Visual Acuity $\frac{6}{9}$	2	3.1			
	$\frac{6}{12}$	1	1.5			
12b	$\frac{6}{9}$	1	1.5			
14	Defective ...	1	1.5			
15	Indistinct ...	1	1.5			
	Impediment	2	3.1			
16	Fair ...	1	1.5			
	Dull ...	5	7.9	...	2	3.1
17	Heart sounds impure					
		3	4.7	...	2	3.1
	Mitral bruit	1	1.5	...	1	1.5
	Bad Organic Double					
	Mitral Disease	1	1.5			
18	Bronchitis ...	1	1.5	...	1	1.5
19	Highly strung	1	1.5			
21	Chest ...	1	1.5	...	1	1.5
22	Flat chest ...	1	1.5			
23	Impetigo ...	2	3.1			
	Ringworm ...	1	1.5			
	Scabies ...	1	1.5			
	Tollicular Tonsillitis			...	1	1.5
24	Slight eruption on body					
		1	1.5			
	Anemia ...				1	1.5
	Slight Eczema on both elbows				1	1.5

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		per cent.			Per cent.
Measles ...	57	90	Scarlet Fever ...	11	17
Whooping Cough	37	58	Diphtheria ...	6	9.5
Chicken Pox ...	19	30			
Not Vaccinated			...	4	6.3

Morton Road Infants and Juniors.

1. In Morton Road. Open situation, good class of cottage property in neighbourhood.

2. Two Tobin Tubes in each classroom, Boyle's Ventilator in roof, and open fire places, one of which was blocked up; fresh air inlets at back of radiators.

3. Natural :—From large windows. Artificial :—Incandescent gas, no complaints of same.

4. Open fire places and hot water pipes.

5. Very good.

6. Eight trough water closets with automatic flush, separate closet for teachers.

6a. Five stoneware washbasins adjoining cloakrooms, separate basin for teachers and stoneware sink for caretaker

7. Company's water, good and ample, cups and glasses for children's use to be obtained by applying to the teacher. Drinking fountain in playground.

8. Swept down every night. Scrubbed throughout at Easter, August and Christmas vacations.

9. Hot water pipes in cloakroom with an air upcast for carrying off moisture.

10 Modern type of school, up-to-date and in good order.

10a Large playground, partly paved. Both the closets and playground are used by the girls from the mixed department.

Number of children inspected, 39.

Absent on day of inspection, 1.

Height and weight of children according to age :—

	Males.					Females.				
	3-4	4-5	5-6	6-7	8-9	3-4	4-5	5-6	6-7	7-8
Age ...	...	...	...	...	...	...	...	...	...	...
Number inspected ...	9	8	3	2	1	5	3	4	2	2
Average height in inches ...	36 $\frac{1}{4}$	37 $\frac{1}{2}$	41 $\frac{3}{8}$	40	49	36 $\frac{3}{4}$	40 $\frac{5}{8}$	41	43 $\frac{7}{8}$	44 $\frac{1}{2}$
Average height in centimeters ...	92·0	95·2	105·1	101·6	124·4	93·3	103·2	104·1	111·4	113·0
Standard height in inches ...	...	...	41·0	44·0	47·0	...	...	40·5	42·8	44·4
Standard height in centimeters ...	...	...	104·1	111·7	119·3	...	...	102·8	108·7	112·7
Average weight in lbs.	34 $\frac{1}{2}$	36	42 $\frac{1}{4}$	38	58	33 $\frac{1}{2}$	35	37	44	44
Average weight in kilogrammes ...	15·6	16·3	19·2	17·2	26·3	15·6	15·9	16·8	20·0	20·0
Standard weight in lbs.	...	...	39·9	44·4	54·9	...	...	39·2	41·7	47·5
Standard weight in kilogrammes ...	...	...	18·1	20·2	24·9	...	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Males.	Per cent.		Females.	Per cent.
4.	Fair ...	1	2·5			
7.	Fair ...	1	2·5			
8a.	Nits ...	1	2·5	...	3	7·7
	Scurf				1	2·5
9.	Fair ...	5	12·8	...	1	2·5
	Poor ...	2	5·1	...	3	7·7
10.	Rhinorrhea	2	5·1			
10a.	Enlarged ...	8	20·5	...	2	5·1
10b.	Present ...	2	5·1			
10c.	Enlarged ...	8	20·5	...	4	10·2
12.	Strabismus	1	2·5			
14.	Impaired ...	1	2·5			
15.	Thick ...	1	2·5	...	1	2·5
16.	Dull ...	2	5·1	...	1	2·5
18.	Bronchitis	2	5·1	...	1	2·5
21.	Chest ...	3	7·7			

Schedule No.		Males.	Per cent.		Females.	Per cent.
22.	Peculiar shaped head and Paralysis of right side	1	2.5			
	Slight Lordosis			...	1	2.5
23.	Ringworm	1	2.5			

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles	20	51	|	Whooping Cough	17 43
Chicken Pox	12	30	|		
Not Vaccinated		...		3	7.7 per cent.

Voluntary Schools.

Central Boys.

1. Infirmary Plain. Originally a small Hospital at north end of town, partly surrounded by poor Cottage property.

2. Upper portion of windows fall inwards ; open fireplaces.

3. Natural :—From windows. Artificial :—Electric.

4. Open fireplaces and closed iron stoves.

5. Old, long desks with no backs, to seat from 4 to 10 children, are about 20 years old, want replacing.

6. Three water closets and separate one for teacher with proper flushing apparatus. Three urinals, all clean.

6a. One washbasin in porch, clean.

7. Public water supply ; good and ample. Stoneware sink and tap in porch.

8. Floors swept down every night. Scrubbed out and cleaned four times a year. Ceilings and walls very clean, recently done.

9. None at all.

10. Desks cause stooping. Light fairly good, arranged in best manner possible. One very dull corner, also cold in winter.

10a. Very small piece of gravelled playground. Children invariably play on St. Margaret's Plain under supervision of teacher. What small piece of playground there is should be paved. Door opens inward and is situated right on the path of the public street. Other doors open outward.

Number of children inspected, 36.

Absent on day of inspection, 2.

Height and weight of children at various ages :—

Age	6-7	7-8	8-9	9-10	10-11	11-12
Number inspected ...	8	15	6	2	3	2
Average height in inches	46 $\frac{1}{4}$	46 $\frac{1}{8}$	47 $\frac{1}{4}$	53	53 $\frac{5}{8}$	52 $\frac{7}{8}$
Average height in centimeters	117·4	117·1	120·0	134·6	136·2	134·3
Standard height in inches ...	44·0	45·9	47·0	49·7	51·8	53·5
Standard height in centimeters	111·7	116·5	119·3	126·2	131·5	135·9
Average weight in pounds ...	47	49 $\frac{1}{4}$	51	65 $\frac{1}{2}$	69 $\frac{1}{4}$	62 $\frac{1}{2}$
Average weight in kilogrammes	21·3	22·3	23·1	29·6	31·4	28·3
Standard weight in pounds ...	44·4	49·7	54·9	60·4	67·5	72·0
Standard weight in kilogrammes	20·2	22·5	24·9	27·4	30·6	32·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		per cent.	Schedule No.		per cent.
4.	Fair ...	3 8·3	10b.	Present ...	2 5·5
	Poor ...	1 2·7	10c.	Enlarged	4 11·1
7.	Fair ...	4 11·1	12.	Visual Acuity	
8.	Fair ...	4 11·1		R. $\frac{6}{9}$	2 5·5
	Poor ...	3 8·3		L. $\frac{6}{9}$	2 5·5
8a.	Nits ...	7 19·4	16.	Fair ...	2 5·5
8b.	Dirty ...	2 5·5		Dull ...	3 8·3
9.	Fair ...	14 38·8	17.	Heart sounds	
	Poor ...	4 11·1		impure ...	1 2·7
	Bad ...	4 11·1	18.	Bronchitis	1 2·7
10.	Inflamed		21.	Chest ...	5 13·8
	throat ...	1 2·7	23.	Chicken	
10a.	Enlarged	8 22·2		Pox ...	1 2·7
				Impetigo	2 5·5

ABSENT FROM INSPECTION.

At sea ... 2 5·5 per cent.

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

	per cent.		per cent.
Measles ...	29 80	Scarlet Fever ...	3 8·3
Whooping Cough	22 61	Diphtheria ...	1 2·7
Chicken Pox ...	15 41		
Not Vaccinated ...	6 16·6 per cent.		

Central Girls.

1. Infirmary Plain. Originally a small Hospital at north end of town, partly surrounded by poor Cottage property.

2. Upper portion of windows fall inwards; open fireplaces.

3. Natural :—From windows. Artificial :—Electric.

4. Open fireplaces and two closed iron stoves.

5. Desks very old; 4, 5, and 6 seaters.

6. Five water closets and separate one for teachers, all fitted with proper flushing apparatus.

6a. One wash basin in cloakroom.

7. Public water supply, good and ample.

8. Floors swept every night. Scrubbed out and cleaned four times a year.

9. None at all.

10. Arranged in best possible manner for lighting, no backs to desks.

10a. Small gravelled playground, this should be paved. Door at foot of stairs opens inward and is situated right on the path of the public street. An emergency staircase for fire purposes has been recommended for outside the building, but another staircase for ordinary exit is required, as there is only one small outlet for every child in the school.

Number of children inspected, 37.

Absent on day of inspection, 5.

Height and weight of children at various ages :—

Age	...	...	...	6-7	7-8	8-9	9-10	10-11	11-12	12-13
Number inspected	...	...	...	3	8	7	10	3	4	2
Average height in inches				43 ⁵ / ₈	45	46 ¹ / ₂	48 ⁵ / ₈	49 ⁵ / ₈	52 ¹ / ₂	55 ³ / ₄
Average height in centimeters				110·8	114·3	118·1	123·5	126·0	133·3	141·6
Standard height in inches				42·8	44·4	46·6	48·7	51·0	53·1	55·6
Standard height in centimeters				108·7	112·7	118·3	123·7	129·5	134·8	141·2
Average weight in pounds				43 ³ / ₄	45 ³ / ₄	46 ¹ / ₄	52 ¹ / ₂	52 ¹ / ₂	62	72
Average weight in kilogrammes				19·9	20·8	21·0	23·8	23·8	28·1	32·2
Standard weight in pounds				41·7	47·5	52·1	55·5	62·0	68·1	76·4
Standard weight in kilogrammes				18·9	21·5	23·6	25·1	28·1	30·8	34·7

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			per cent.	Schedule No.			per cent.		
4.	Fair	...	1	2·7	R.	6 ¹ / ₁₂	2	5·4	
	Insufficient		1	2·7	L.	6 ¹ / ₁₂	3	8·1	
8a.	Nits	...	18	48·6	13.	Otorrhea	1	2·7	
	Dirty	...	1	2·7	14.	Impaired	1	2·7	
8b.	Fair	...	2	5·4	15.	Lisp	...	1	2·7
	Dirty	...	2	5·4	16.	Dull	...	1	2·7
	Verminous and scarred		1	2·7	17.	Double Mitral disease	...	1	2·7
9.	Fair	...	9	24·3		Heart sounds impure	...	1	2·7
	Poor	...	9	24·3	18.	Harsh breathing	1	2·7	
	Bad	...	4	10·8		Bronchitis	1	2·7	
10a.	Enlarged		9	24·3	21.	Chest	...	1	2·7
10b.	Present	...	1	2·7		Various	...	1	2·7
10c.	Enlarged		4	10·8	22.	Slight lateral Scoliosis		2	5·4
11.	Strabismus		1	2·7					
12.	Visual Acuity								

ABSENT FROM INSPECTION.

			per cent.				per cent.
School treat	...	2	5·4	Refused	...	1	2·7
Accident	...	1	2·7	Absent	...	1	2·7

Cunningham Girls.

1. High Street, right on top of the main Road with a constant tram (double line) and other traffic. Road paved with granite blocks, incessant noise all day. Good class of property in front, at back fair class of Cottages. A one story building.

2. Six Tobin tubes in main class room. Other room by windows and doors.

3. Natural :—From windows which are all frosted. Artificial :—Ordinary gas.

4. Open fireplaces, two in main room and one in other room. Insufficient in cold weather.

5. All old fashioned desks without backs.

6. Three Water Closets fitted with proper flushing apparatus. Separate closet for teachers.

6a. One enamelled wash basin in porch and one stoneware sink.

7. Public supply, good and ample.

8. Swept down every night, scrubbed and cleaned at Easter, August, and Christmas vacations.

9. None at all.

10. Arranged very well for lighting, upper sashes of windows might, with advantage, have plain glass substituted for frosted as at present. Door opens inward, on to main street but is always kept open during school hours.

10a. Small gravelled playground, requires paving all over.

Number of children inspected, 30.

Absent on day of inspection, 2.

Height and weight of children at various ages :—

Age	...	...	...	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected	...	...	...	3	7	6	6	3	1	2	2
Average height in inches	...	...	...	44 $\frac{1}{2}$	47 $\frac{5}{8}$	47 $\frac{3}{4}$	49	53 $\frac{5}{8}$	52 $\frac{1}{8}$	56 $\frac{7}{8}$	56 $\frac{5}{8}$
Average height in centimeters	...	...	...	112·4	120·9	121·2	124·4	136·2	132·4	144·4	143·8
Standard height in inches	...	...	...	42·8	44·4	46·6	48·7	51·0	53·1	55·6	57·7
Standard height in centimeters	...	...	...	108·7	112·7	118·3	123·7	129·5	134·8	141·2	146·5
Average weight in pounds	...	...	...	38 $\frac{1}{2}$	46 $\frac{3}{4}$	44 $\frac{1}{2}$	52 $\frac{3}{4}$	60 $\frac{3}{4}$	48 $\frac{1}{2}$	76	66 $\frac{3}{4}$
Average weight in kilogrammes	...	...	...	17·3	21·2	20·2	24·0	27·5	22·0	34·5	30·2
Standard weight in pounds	...	...	...	41·7	47·5	52·1	55·5	62·0	68·1	76·4	87·2
Standard weight in kilogrammes	...	...	...	18·9	21·5	23·6	25·1	28·1	30·8	34·7	39·6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

				per cent.					per cent.
4.	Fair	...	2	6·6			6/12	1	3·3
	Bad	...	2	6·6		L.	6/9	1	3·3
8a.	Nits	...	15	50·0			6/12	1	3·3
8b.	Fair	...	1	3·3	16.	Fair	...	1	3·3
9.	Fair	...	13	43·3		Dull	...	1	3·3
	Poor	...	2	6·6	17.	Heart sounds			
	Bad	...	4	13·3		impure	...	2	
10.	Polypus					Mitral Bruit		1	3·3
	Nasi	...	1	3·3	18.	Bronchitis		1	3·3
10a.	Enlarged		12	40·0	21.	Pigeon Breast		1	3·3
10b.	Present	...	6	20·0		Chest	...	2	6·6
10c.	Enlarged		6	20·0	24.	Pityriasis			
11.	Blepharitis		1	3·3		Versicolor		1	3·3
12.	Visual Acuity					of Chest			
	R.	6/9	1	3·3					

ABSENT FROM INSPECTION.

Chicken Pox	1	3·3	...	Out of town	1	3·3
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PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			per cent.			per cent.
Measles	...	28	93	Scarlet Fever	7	23
Whooping Cough	...	22	73	Diphtheria	1	3·3
Chicken Pox	...	9	30			

Not Vaccinated ... 3 10 per cent.

St. Peter's Infants.

1. North end of town, Clapham Road, fairly open, at corner of street. A one story building containing one large and one small rooms.

2. By windows on both sides and end and extractor in roof. No ground ventilation.

3. Natural :—From windows, quite sufficient, except in small room where another window is required. Artificial :—Incandescent Gas.

4. In large room by an open stove and one closed stove in centre of room. In small room by an open stove.

5. Old fashioned desks without backs.

6. Three trough pedestal closets flushed four times daily, require painting, etc. ; in bad condition. Four urinals, clean.

6a. Two washbasins, fixed outside, with tap over. Very old fashioned and require painting and doing up.

7. Company's water, good and sufficient.

8. Floors swept nightly, cleaned weekly, scrubbed out and desks washed four times yearly.

9. Enclosed stove in cloak room. One cloak room is very neglected, the walls being covered with mildew, requires painting and overhauling.

10. There is no playground, but an open space belonging to a private individual is used as such under the supervision of the teachers. This land is quite open to the street and would make an excellent playground if enclosed.

Number of children inspected, 59.

Height and weight of children at various ages :—

	Males.			Females.	
	4-5	5-6	7-8	4-5	5-6
Age	4-5	5-6	7-8	4-5	5-6
Number inspected	28	11	1	12	7
Average height in inches	39	40 $\frac{1}{4}$	44	38 $\frac{3}{8}$	41 $\frac{3}{8}$
Average height in centimeters	99·0	102·2	111·7	97·4	105·0
Standard height in inches	—	41·0	45·9	—	40·5
Standard height in centimeters	—	104·1	116·5	—	102·8
Average weight in pounds ...	35 $\frac{1}{4}$	37	45	34	37 $\frac{3}{4}$
Average weight in kilogrammes	16·0	16·8	20·4	15·4	17·1
Standard weight in pounds	—	39·9	49·7	—	39·2
Standard weight in kilogrammes	—	18·1	22·5	—	17·8

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Males.	Per cent.		Females	Per cent.
4	Fair ...	12	20·3	...	4	6·7
	Poor ...	4	6·7			
7	Fair ...	1	1·6			
8a	Nits ...	3	5·0	...	5	8·4
	Scurf ...	1	1·6			
8b	Fair ...	3	5·2	...	1	1·6
	Dirty ...	1	1·6			
9	Fair ...	4	6·7			
	Poor ...	5	8·4	...	1	1·6
	Bad ...	2	3·3	...	1	1·6
10	Rhinorrhea			...	2	3·3
10a	Enlarged	4	6·7	...	4	6·7
10b	Present ...	3	5·0	...	2	3·3
10c	Enlarged	5	8·4	...	3	5·0
11	Blepharitis	1	1·6			
12	Strabismus	1	1·6			
13	Otorrhea			...	3	5·0
	Wax ...	1	1·6			
15	Impediment	1	1·6			
	Difficult ...	2	3·3			

			194		
16	Backward	1	1.6		
17	Heart sounds				
	irregular	2	3.3		
	Heart sounds impure				
		1	1.6		
18	Bronchitis			1	1.6
	Harsh breathing	1	1.6		
21	Chest ...	6	10.1		
	Pigeon breast	1	1.6		
22	Abdomen swollen	1	1.6		
23	Ringworm			1	1.6
	Impetigo			1	1.6

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			Per cent.			Per cent.	
Measles	...	42	70.0	Scarlet Fever	2	3.3	
Whooping Cough		32	54.0	Diphtheria	...	2	3.3
Chicken Pox		20	33.0				
Not Vaccinated			10	17 per cent.			

St. Andrew's Infants.

1. West end of town, Haward Street, on high ground ; a one story building, good class of property in near neighbourhood.

2. By windows in all four walls and two extractors in roof.

3. Natural :—From windows, very good. Artificial :—Electric, very good.

4. Two open fire places in large room, insufficient in cold weather, the centre part being screened off does not receive any heat.

5. Desks without backs.

6. Seven open pedestal closets over common trough, wooden seats unvarnished, only flushed once a day during the morning, insufficient, cleaned down nightly. An open cement trough urinal, concrete in bad state, wants repairing.

6a. One wash basin in each cloakroom with tap over, clean.

7. Company's water, good and sufficient.

8. Floors swept nightly, cleaned down weekly, scrubbed four times yearly. Cloak room floors are washed nightly.

9. None except fires in school rooms.

10. The cloak rooms are not large enough to hold all the children's clothes, the surplus cloaks are hung in the class room, the bad smell from these clothes makes the room stuffy. This could be remedied by fixing a horse down the middle of the cloak rooms.

10a. There is a fairly large playground but is unpaved, is very dusty in dry weather and muddy in wet weather ; requires paving.

Number of children inspected, 107.

Absent on day of inspection, 4.

Heights and weights of children at various ages :—

	Males.						Females.				
	3-4	4-5	5-6	6-7	7-8	8-9	3-4	4-5	5-6	6-7	7-8
Age ...	3-4	4-5	5-6	6-7	7-8	8-9	3-4	4-5	5-6	6-7	7-8
Number inspected ...	15	15	7	7	2	2	19	18	14	4	4
Average height in inches ...	37	38 $\frac{7}{8}$	41 $\frac{1}{4}$	43	47 $\frac{1}{2}$	44 $\frac{5}{8}$	36 $\frac{1}{4}$	39 $\frac{1}{2}$	41 $\frac{7}{8}$	44 $\frac{1}{8}$	47 $\frac{1}{2}$
Average height in centimeters ...	93·9	98·7	104·7	109·2	120·6	113·3	91·0	100·3	106·3	112·0	120·6
Standard height in inches ...	...	...	41·0	44·0	45·9	47·0	...	...	40·5	42·8	44·4
Standard height in centimeters ...	...	...	104·1	111·7	116·5	119·3	...	...	102·8	108·7	112·7
Average weight in lbs.	30 $\frac{1}{2}$	33	36 $\frac{1}{2}$	38 $\frac{3}{4}$	48	42 $\frac{1}{2}$	29 $\frac{3}{4}$	35 $\frac{3}{4}$	37 $\frac{3}{4}$	40 $\frac{3}{4}$	49 $\frac{3}{4}$
Average weight in kilogrammes ...	13·8	15·0	16·5	17·5	21·8	19·3	13·5	16·2	17·1	18·4	22·5
Standard weight in lbs.	...	...	39·9	44·4	49·7	54·9	...	...	39·2	41·7	47·5
Standard weight in kilogrammes ...	...	...	18·1	20·2	22·5	24·9	...	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Males.	Per cent.		Females.	Per cent.
4	Fair ...	3	2·8	...	2	1·8
7	Fair ...	2	1·8	...	3	2·8
	Poor ...	1	0·9			
8a	Fair ...	7	6·5	...	17	15·8
	Nits				1	0·9
	Lice				1	0·9
8b	Fair ...	3	2·8	...	8	7·4
9	Fair ...	11	10·2	...	9	8·4
	Poor ...	2	1·8	...	4	3·7
	Bad ...	3	2·8			
10	Rhinorrhea	1	0·9	...	2	1·8
	Inflamed throat				1	0·9
10a	Enlarged ...	12	11·2	...	11	10·2
10b	Present ...	8	7·4	...	3	2·8
10c	Enlarged ...	10	9·3	...	11	10·2

Schedule No.	Males		Females	
		Per cent.		Per cent.
11	Strabismus		1	0·9
	Traumatic Conjunctivitis		1	0·9
13	Otorrhea ...	5 4·6	3	2·8
14	Impaired ...	1 0·9		
15	Indistinct ...	1 0·9		
	Difficult		1	0·9
16	Dull ...	1 0·9	2	1·8
17	Heart sounds impure		1	0·9
18	Bronchitis ...	2 1·8		
19	Very bad temper		1	0·9
20	Fistula ...	1 0·9		
	Left Hip ...	1 0·9		
	Glands of Neck	1 0·9		
21	Pigeon Breast	3 2·8		
	Various ...	1 0·9		
22	Left leg wasted	1 0·9		
23	Impetigo ...	1 0·9		
	Whooping Cough	2 1·8	2	1·8
	Ringworm ...	1 0·9	2	1·8
	Scabies ...	1 0·9	1	0·9
	Scarlet Fever (skin desquamating)		1	0·9
24	Eczema ...	2 1·8	1	0·9
	Lichin ...	1 0·9		
	Phimosis ...	1 0·9		
	Worms ...	1 0·9	1	0·9

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.		Per cent.
Measles ...	52	48	Chicken Pox	20 18
Whooping Cough	58	54	Scarlet Fever	3 2·8
Not Vaccinated		...	26	24

Mariners' Score Mixed.

1. East end of town, Mariners' Score, at the bottom of the cliff. Open at east and west. A one story building.
2. By windows, doors and louvred skylight.
3. Natural :—From windows. Artificial :—Ordinary gas, not satisfactory.
4. Two stoves, not sufficient.
5. All old fashioned desks without backs, seven in a row, 50 to 60 years old, cannot do with duals or singles, not sufficient room. The tops of the desks are very rough, they were either made without a plane or the soft wood has worn away, probably the latter, children's hands are protected by pieces of millboard when writing.
6. Two water closets for girls and three for boys with separate flush. Urinal with flush for boys.
- 6a. One wash basin in each porch which are used as cloak rooms.
7. Company's water, good and sufficient.
8. Swept out nightly. Scrubbed and cleaned at Whitsun, Midsummer and Christmas vacations. Cloak room for girls too small, cannot be kept clean, tap of water over sink in corner. Boys lobby small but has to accommodate a portion of the girls' cloaks.
9. None.
10. There are no windows in the North end of School. The level of the Score on the outside is higher than the floor of the School. There is a small unpaved playground for boys but none for girls. The latter play on the pickling plots on the Denes which are partly paved.

Number of children inspected, 38.

Absent on day of Inspection, 5.

Height and weight of children at various ages :—

	Males.			Females.				
Age. 	7-8	8-9	9-10	6-7	7-8	8-9	9-10	10-11
Number inspected	5	8	1	1	9	6	6	2
Average height in inches	47 $\frac{1}{4}$	47 $\frac{1}{4}$	49	46 $\frac{1}{2}$	45 $\frac{1}{8}$	46 $\frac{1}{8}$	48 $\frac{5}{8}$	52 $\frac{3}{4}$
Average height in centimeters	120·0	120·0	124·4	118·1	114·6	117·1	123·5	134·0
Standard height in inches	45·9	47·0	49·7	42·8	44·4	46·6	48·7	51·0
Standard height in centimeters	116·9	119·3	126·2	108·7	112·7	118·3	123·7	129·5
Average weight in pounds	49 $\frac{1}{4}$	48 $\frac{1}{4}$	52	50	45 $\frac{3}{4}$	46	51 $\frac{3}{4}$	57 $\frac{1}{2}$
Average weight in kilogrammes	22·3	21·9	23·6	22·7	20·7	20·9	23·4	26·1
Standard weight in pounds	49·7	54·9	60·4	41·7	47·5	52·1	55·5	62·0
Standard weight in kilogrammes	22·5	24·9	27·4	18·9	21·5	23·6	25·1	28·1

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

		Males		Females	
Schedule No.			per cent.		per cent.
4. Fair	...	5	13·1	...	3 7·8
7. Fair	...	3	7·8	...	2 5·2
Poor	...	1	2·6	...	1 2·6
8a. Scurf	...	1	2·6		
Nits	...	2	5·2	...	7 18·4
8b. Fair	...	2	5·2	...	2 5·2
Poor	...	2	5·2	...	1 2·6
Dirty				...	1 2·6
9. Fair	...	3	7·8	...	8 21·0
Poor	...	5	13·1	...	4 10·5
Bad					1 2·6
10a. Enlarged	...	2	5·2	...	7 18·4
10b. Present	...	2	5·2	...	4 10·5
10c. Enlarged	...	2	5·2	...	2 5·2
12. Visual Acuity					
Right		$\frac{6}{9}$ 1	2·6	$\frac{6}{9}$ 1	2·6
		$\frac{6}{18}$ 1	2·6	$\frac{6}{18}$ 3	7·8
Left		$\frac{6}{9}$ 1	2·6	$\frac{6}{9}$ 1	2·6
		$\frac{6}{18}$ 1	2·6	$\frac{6}{18}$ 3	7·8

Schedule No.		Males.	Per cent.		Females.	Per cent.
13.	Otorrhea				2	5.2
14.	Impaired ...			...	1	2.6
	Defective ...			...	1	2.6
15.	Impediment ...	1	2.6	...		
16.	Fair ...			...	2	5.2
	Backward ...	1	2.6	...	1	2.6
	Dull ...	1	2.6	...	6	15.7
	Defective ...	1	2.6	...		
17.	Heart sounds impure ...				1	2.6
18.	Harsh breathing				2	5.2
19.	Fair ...				1	2.6
21.	Chest ...	1	2.6	...	1	2.6
22.	Wry Neck ...	1	2.6	...		
24.	Many Glands enlarged	1	2.6			
	2 Pustules on Chest				1	2.6
	Incontinence of Urine				1	2.6
	Eczema ...				1	2.6

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.			Per cent.
Measles ...	33	86	Scarlet Fever	4	10
Whooping Cough	19	50	Diphtheria ...	1	2.6
Chicken Pox ...	8	21	Enteric Fever	1	2.6
Not Vaccinated ...			6	15 per cent.	

Wilde's Boys.

1. East end of town, on slope of hill. Quite open to healthy east wind, buildings on north and south sides, garden on west side, a one story building.

2. By doors, windows and lantern roof. Well ventilated and lofty.

3. Natural :—Windows. Artificial :—Incandescent and ordinary gas, not satisfactory.

4. Open fire places and a tortoise stove.

5. Only a portion of desks have backs, the front of the rear desks forming the backs for the others. All old fashioned, six in a row, have been in use 20 years, are in good order.

6. Four trough water closets, are flushed three times between 9 a.m. and 4.30 p.m., clean. A wall urinal with flush in yard.

6a. One wash basin in lobby, modern and clean. At least one more is required in another lobby.

7. Company's water, good and ample supply. There is a tap near the washbasin, and one in yard for drinking purposes, the latter coming direct from a covered tank.

8. Swept down every night, scrubbed and cleaned out at Easter, Whitsun, Midsummer, and Christmas vacations.

9. None at all.

10. Arranged in best manner possible for light &c.

10a. Large playground with open shelter at near end. Requires paving and steps repairing.

Number of children inspected, 35.

Height and weight of children at various ages :—

Age	5-6	6-7	7-8	8-9	9-10	10-11
Number inspected ...	1	6	13	10	4	1
Average height in inches ...	42½	44½	46¼	47¼	48¾	49½
Average height in centimeters	107·9	112·0	117·4	120·0	123·8	125·7
Standard height in inches ...	41·0	44·0	45·9	47·0	49·7	51·8
Standard height in centimeters	104·1	111·7	116·5	119·3	126·2	131·5
Average weight in pounds ...	35	43½	48¾	52½	56½	63
Average weight in kilogrammes	15·9	19·7	22·1	23·8	25·6	28·6
Standard weight in pounds ...	39·9	44·4	49·7	54·9	60·4	67·5
Standard weight in kilogrammes	18·1	20·2	22·5	24·9	27·4	30·6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			per cent.	Schedule No.			per cent.
4.	Fair ...	2	5·7	10b.	Present ...	2	5·7
	Poor ...	3	8·5	11.	Blepharitis	1	2·8
7.	Fair ...	5	14·2	12.	Visual Acuity		
	Poor ...	3	8·5		R. 6/12	1	2·8
8a.	Nits ...	6	17·1		6/24	1	2·8
8b.	Poor ...	1	2·8		L. 6/12	1	2·8
	Dirty ...	1	2·8	13.	Otorrhea	1	2·8
9.	Fair ...	13	37·1	14.	Impaired	1	2·8
	Poor ...	11	31·4	16.	Fair ...	2	5·7
	Bad ...	1	2·8	18.	Bronchitis	1	2·8
10.	Rhinorrhea	1	2·8	19.	Emotional	1	2·8
10a.	Enlarged	5	14·2	21.	Chest ...	4	11·4
				24.	One eye out	1	2·8

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		per cent.			per cent.
Measles ...	20	57	Chicken Pox ...	6	17
Whooping Cough	16	45	Scarlet Fever ...	2	5·7
Not Vaccinated ...	5	14 per cent.			

St. John's Boys.

1. South end of town, next St. John's Church. Good class of property in neighbourhood, fairly open. A one story building.

2. By doors, windows and two lantern ventilators in roof.

3. Natural :—Windows and lanterns in roof. Artificial :—Ordinary gas, insufficient and pressure is bad ; requires re-lighting by electricity.

4. Two open fireplaces.

5. Old six seater desks with no backs. A few old ones with backs for smaller boys.

6. Four ancient trough closets, require renewing. Flushed four times during school hours. Cistern wants repairing. Glazed brick urinal against inner wall of school, no smell. Two windows from school overlook latrine yard.

6a. None at all.

7. Company's water, good and ample supply.

8. Scrubbed and cleaned out four times a year.

9. None at all.

10. Arranged in best manner possible for light.

10a. A fair sized playground but unpaved.

Number of children inspected, 23.

Absent on day of inspection, 2.

Height and weight of children at various ages :—

Age	...	...	...	7-8	8-9	9-10	10-11	11-12	12-13
Number inspected	...	...	...	8	6	2	3	2	2
Average height in inches				46½	49	49½	52	53¾	53¾
Average height in centimeters				118·1	124·4	125·7	132·1	136·5	136·5
Standard height in inches				45·9	47·0	49·7	51·8	53·5	54·9
Standard height in centimeters				116·5	119·3	126·2	131·5	135·9	139·4
Average weight in pounds				49½	53	58	60½	66¾	71
Average weight in kilogrammes				22·3	24·0	26·3	27·4	30·2	32·2
Standard weight in pounds				49·7	54·9	60·4	67·5	72·0	76·7
Standard weight in kilogrammes				22·5	24·9	27·4	30·6	32·7	34·8

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.				per cent.	Schedule No.			per cent.
4.	Fair	...	3	13·0		R.	6/36	1 4·3
	Bad	...	1	4·3		L.	6/36	1 4·3
7.	Fair	...	4	17·3	13.	Otorrhea		1 4·3
8a.	Nits	...	2	8·6	14.	Impaired		1 4·3
8b.	Fair	...	1	4·3	15.	Thick ...	1.	4·3
9.	Fair	...	6	26·0	17.	Heart sounds		
	Poor	...	5	21·6		not clear	1	4·3
10a.	Enlarged		4	17·3	18.	Bronchitis	3	13·0
10b.	Present ...		3	13·0	21.	Chest ...	3	13·0
10c.	Enlarged		1	4·3	22.	Abdomen		
12.	Visual Acuity					swollen	1	4·3
					24.	Prominent		
						clavicle	1	4·3

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		Per cent.		Per cent.
Measles	...	14 60	Scarlet Fever	1 4·3
Whooping Cough		10 43	Diphtheria ...	1 4·3
Chicken Pox		5 21		

Not vaccinated ... 2 8·6 per cent.

St. John's Girls and Infants.

1. South end of town, next St. John's Church. Good class of property in neighbourhood, fairly open. A one story building.
2. By doors, windows and two lantern ventilators in roof.
3. Natural :—Windows and lanterns in roof. Artificial :—Ordinary gas, insufficient and pressure is bad ; requires re-lighting by electricity.
4. Hot water pipes, and stove in smaller classroom ; not sufficient in frosty weather.
5. Old six-seater desks without backs.
6. Five modern trough closets with automatic flush and one with separate flush for teachers.
- 6a. Two enamelled iron washbasins, rather old.
7. Company's water good and ample supply.
8. Scrubbed out four times a year. Walls swept down twice a year. Teacher states that another cleaning between Summer and Christmas is very necessary.
9. None at all.
10. Arranged in best manner possible for light.
- 10a. Playground for boys also used by this department but at a different time.

GIRLS.

Number of children inspected, 35.

Absent on day of inspection, 3.

Height and weight of children at various ages :—

Age	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected...	1	5	10	7	4	3	4	1
Average height in inches	48½	45¼	46½	49	51½	55½	54½	53½
Average height in centimeters	123·2	114·9	118·1	124·4	130·8	141·0	138·4	135·9
Standard height in inches	42·8	44·4	46·6	48·7	51·0	53·1	55·6	57·7
Standard height in centimeters	108·7	112·7	118·3	123·7	129·5	134·8	141·2	146·5
Average weight in pounds	52	46¼	45¾	49	60¾	70¼	74¾	59½
Average weight in kilogrammes	23·6	21·0	20·7	22·2	27·5	31·9	33·9	27·1
Standard weight in pounds	41·7	47·5	52·1	55·5	62·0	68·1	76·4	87·2
Standard weight in kilogrammes	18·9	21·5	23·6	25·1	28·1	30·8	34·7	39·6

INFANTS.

Number of children inspected, 19.

Absent on day of inspection, 1.

Height and weight of children at various ages :—

	Males.				Females.			
Age	3-4	4-5	5-6	6-7	4-5	5-6	6-7	7-8
Number inspected	1	1	2	2	3	5	4	1
Average height in inches ...	39	38¼	41	43½	40¾	40½	43¾	43½
Average height in centimeters	99·0	97·1	104·1	110·5	103·5	102·8	111·1	110·5
Standard height in inches ...	...	...	41·0	44·0	...	40·5	42·8	44·4
Standard height in centimeters	...	...	104·1	111·7	...	102·8	108·7	112·7
Average weight in pounds ...	31½	31½	36¾	40¼	38½	39¼	42	42
Average weight in kilogrammes	14·3	14·3	16·6	18·2	17·4	17·8	19·1	19·1
Standard weight in pounds ...	...	...	39·9	44·4	...	39·2	41·7	47·5
Standard weight in kilogrammes	...	...	18·1	20·2	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.		Males.	Per cent.		Females.	Per cent.
4.	Bad ...	1	1.8	...	5	9.2
7.	Fair				6	11.1
8a.	Nits				13	24.0
8b.	Fair				6	11.1
9.	Fair				11	20.3
	Poor ...	1	1.8	...	9	16.6
	Bad				3	5.5
10a.	Enlarged ...	3	5.5	...	11	20.3
10b.	Present ...	3	5.5	...	8	14.8
10c.	Enlarged ...	2	3.7	...	1	1.8
11.	Blepharitis				1	1.8
12.	Visual Acuity, R.				$\frac{6}{12}$ 1	2.8
					$\frac{6}{18}$ 1	2.8
	L.				$\frac{6}{18}$ 1	2.8
13.	Otorrhea	1	1.8	...	1	1.8
14.	Impaired				2	3.7
15.	Nasal				1	1.8
	Thick				1	1.8
16.	Dull				3	5.5
	Very dull				2	3.7
17.	Mitral Regurgitation				1	1.8
	Heart sounds impure				2	3.7
18.	Bronchitis	1	1.8	...	2	3.7
21.	Chest				1	1.8
23.	Scabies				1	1.8
24.	Catarrhal Sickness				1	1.8
	Chronic Sickness				1	1.8
	A thief				1	1.8

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

		per cent.			per cent.
Measles ...	32	59	Chicken Pox	10	18
Whooping Cough	21	38	Scarlet Fever ...	6	11

Not Vaccinated ... 10 18 per cent.

Hervey Street Infants.

1. West side of town, fairly good cottage property in near neighbourhood. A one story building.

2. By Tobin Tubes, exhaust in roof, air grids in wall, and open windows.

3. Natural :—From windows. Artificial :—Incandescent gas. Electric light being installed.

4. Hot water pipes heated by coke furnace in large class-room.

5. Old desks, without backs, to seat four, insufficient.

6. Six trough closets with automatic flush. Four are in one row without partitions. An open urinal facing closets. All require re-organising as there is no privacy whatever.

6a. Three old and dilapidated wash basins in very bad condition, were originally enamelled iron, require replacing.

7. Company's water good and ample supply.

8. Scrubbed out three times a year.

9. None at all.

10. Arranged in best manner for light.

10a. Large playground but only partly paved.

Number of children inspected, 75.

Absent on day of inspection, 3.

Height and weight of children at various ages :—

	Males.					Females.				
	3-4	4-5	5-6	7-8	12-13	3-4	4-5	5-6	6-7	7-8
Age ...	3-4	4-5	5-6	7-8	12-13	3-4	4-5	5-6	6-7	7-8
Number inspected ...	14	11	2	4	1	16	12	12	2	1
Average height in inches ...	36½	39½	41½	44½	36	36½	38¾	41½	42½	43½
Average height in centimeters ...	92·7	100·3	104·7	113·0	91·4	92·7	98·4	104·7	107·9	110·5
Standard height in inches ...	...	...	41·0	45·9	54·9	...	...	40·5	42·8	44·4
Standard height in centimeters ...	...	...	104·1	116·5	139·4	...	...	102·8	108·7	112·7
Average weight in lbs.	31½	35½	37½	43½	38	29½	33½	37½	40½	40
Average weight in kilogrammes ...	14·3	16·1	17·0	19·7	17·2	13·4	15·1	17·0	18·3	18·1
Standard weight in lbs.	...	...	39·9	49·7	76·7	...	...	39·2	41·7	47·5
Standard weight in kilogrammes ...	...	...	18·1	22·5	34·8	...	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			Males.	Per cent.		Females.	Per cent.
4.	Fair	...	20	26·6	...	27	36·0
	Poor					3	4·0
	Bad	...	1	1·3			
7.	Fair	...	1	1·3	...	3	4·0
	Poor	...	2	2·6			
8a.	Nits	...	2	2·6	...	10	13·3
	Scurf					2	2·6
8b.	Fair	...	1	1·3	...	10	13·3
9.	Fair	...	3	4·0	...	7	9·3
	Poor	...	1	1·3	...	1	1·3
	Bad	...	3	4·0	...	2	2·6
10.	Rhinorrhea	...	1	1·3			
10a.	Enlarged	...	6	8·0	...	9	12·0
10b.	Adenoids	...	3	4·0	...	1	1·3
10c.	Enlarged	...	1	1·3	...	3	4·0

Schedule No.		Males.	Per cent.		Females.	Per cent.	
11.	Blepharitis				3	4'0	
12.	Squint	...	1	1'3	...	1	1'3
13.	Otorrhea				1	1'3	
14.	Impaired				1	1.3	
16.	Defective	...			1	1'3	
17.	Heart sounds irregular				1	1'3	
18.	Bronchitis	...	2	2'6	...	3	4'0
20.	Marked Pott's Disease		1	1'3			
21.	Chest	...	2	2'6	...	1	1'3
	Bandy Legs	...	1	1'3			
22.	Peculiar Head	...			1	1'3	
24.	Rupture	...	1	1'3			
	Old Facial Abscess	...			1	1'3	
	Chronic Dermatitis	...			1	1'3	

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			per cent.				per cent.
Measles	...	33	44	Scarlet Fever		4	5
Whooping Cough		34	45	Diphtheria	...	2	2.6
Chicken Pox	...	16	21				
Not Vaccinated				...	12	16 per cent.	

Christ Church Infants.

1. East end of town, at bottom of Score. Quite open on south side but surrounded by buildings on other three. Poor neighbourhood. A one story building.

2. Tobin tubes in walls and exhaust in roof, lofty and well-ventilated. Open fire-places in two small rooms.

3. Natural :—Windows. Artificial :—Ordinary gas, very poor and too high.

4. Two stoves in main room, open fireplaces in two class-rooms.

5. There are a few old desks without backs but the majority have them. A gallery at one end is too high, otherwise the equipment is good.

6. Three trough closets flushed three times during school hours. There is a separate one for teachers but is never used as it is not suitable. Urinal without flush, smells very badly in summer.

6a. Two wash basins, in a very dirty condition, in a sort of scullery containing pegs.

7. Company's water, good and ample supply. Two taps for drinking purposes over washbasins.

8. Swept down every night and scrubbed out three times a year.

9. None at all.

10. Well arranged for light, &c., but classrooms too small for present purpose, are being re-arranged.

10a. There is no playground, only a small yard of about 32 sq. yards, paved all over.

Number of children inspected, 71.

Absent on day of Inspection, 2.

Height and weight of children at various ages :—

	Males.						Females.				
	3-4	4-5	5-6	6-7	7-8	8-9	3-4	4-5	5-6	6-7	7-8
Age ...	...	...	...	...	...	...	...	...	...	...	...
Number inspected ...	10	9	9	6	1	2	6	13	5	8	2
Average height in inches ...	36 $\frac{1}{4}$	39	40	41 $\frac{3}{4}$	43 $\frac{1}{2}$	45	36 $\frac{1}{2}$	38 $\frac{1}{4}$	40 $\frac{3}{4}$	42 $\frac{1}{2}$	40 $\frac{3}{4}$
Average height in centimeters ...	92·0	99·0	101·6	106·0	110·5	114·3	92·7	97·1	103·5	107·9	103·5
Standard height in inches ...	...	...	41·0	44·0	45·9	47·0	...	...	40·5	42·8	44·4
Standard height in centimeters ...	...	...	104·1	111·7	116·5	119·3	...	...	102·8	108·7	112·7
Average weight in lbs.	30 $\frac{1}{2}$	35 $\frac{3}{4}$	37 $\frac{1}{4}$	38 $\frac{1}{4}$	47	46 $\frac{3}{4}$	32	33 $\frac{3}{4}$	37 $\frac{3}{4}$	42 $\frac{1}{2}$	40 $\frac{1}{4}$
Average weight in kilogrammes ...	13·8	16·2	16·9	17·3	21·3	21·2	14·5	15·3	17·1	19·3	18·2
Standard weight in lbs.	...	...	39·9	44·4	49·7	54·9	...	...	39·2	41·7	47·5
Standard weight in kilogrammes ...	...	...	18·1	20·2	22·5	24·9	...	...	17·8	18·9	21·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			Males.	Per cent.		Females.	Per cent.
4.	Fair	...	21	29·5	...	18	25·3
	Poor	...	7	9·8	...	5	7·0
	Bad	...	2	2·8			
7.	Fair	...	14	19·6	...	8	11·2
	Poor	...	4	5·6	...	7	9·8
8a.	Nits	...	4	5·6	...	10	14·0
	Lice	...	1	1·4	...	1	1·4
8b.	Fair	...	5	7·0	...	6	8·4
	Poor	...				1	1·4
	Dirty	...	1	1·4			
9.	Fair	...	5	7·0	...	7	9·8
	Poor	...	1	1·4	...	3	4·2
	Bad	...	4	5·6	...	5	7·0
10a.	Enlarged	...	9	12·8	...	6	8·4
10b.	Present	...	7	9·8	...	3	4·2
10c.	Enlarged	...	2	2·8	...	1	1·4

11.	Blepharitis	...			1	1.4
12.	Strabismus	...	1	1.4		
13.	Otorrhea	...	1	1.4		
14.	Impaired	...	1	1.4		
15.	Fair	...	1	1.4		
	Indistinct	...	1	1.4		
16.	Fair	...			1	1.4
	Dull	...	4	5.6		
17.	Heart sounds impure		2	2.8		
18.	Bronchitis	...	1	1.4		
19.	Emotional	...			2	2.8
20.	Glands of neck	...	1	1.4		
	Enteritis (Tubercular)				1	1.4
21.	Chest	...	1	1.4		
22.	Lost 3 toes	...	1	1.4		
	Rupture (wears truss)		1	1.4		
23.	Impetigo.	...	1	1.4	...	1 1.4
24.	Catarrh	...	1	1.4		
	Mole on chin	...	1	1.4		
	Urticaria	...	1	1.4		
	Inguinal glands enlarged		1	1.4		
	Pityriasis Versicolor		1	1.4		
	Large mixed Nevus on right arm	...			1	1.4
	Subject to Epistaxes				1	1.4

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			Per cent.			Per cent.
Measles	...	34	47.0	Chicken Pox	16	22.0
Whooping Cough		26	36.0	Scarlet Fever	3	4.2
Not Vaccinated			10	14 per cent.		

British Boys.

1. About 30 yards from main road, surrounded by offices, &c. A one-story building.
2. By Tobin Tubes and exhaust in roof. There are no means of warming the air as it enters.
3. Natural :—Windows and skylights. Artificial :—Incan-
descent gas.
4. One closed iron stove in centre of each room, with iron flue through roof.
5. Good.
6. Four long hopper water closets with fixed wood seats, washed weekly. Were in a clean condition. Four urinals. All are flushed at teachers' discretion.
- 6a. One old sink with portable hand basin.
7. Company's water, good and ample supply.
8. Swept down nightly. The front half scrubbed weekly. All cleaned and scrubbed out four times yearly.
9. None except the stoves in classrooms.
10. As well arranged as is possible. Clerk of works says the school is kept in an excellent condition.
- 10a. A small paved square in front of school is used as playground.

Number of children inspected, 65.
Absent on day of inspection, 1.

Height and weight of children at various ages :—

Age	...	...	...	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected	...	...	...	2	4	26	15	10	2	3	2	1
Average height in inches				43 $\frac{1}{4}$	44 $\frac{3}{4}$	46 $\frac{3}{4}$	48 $\frac{3}{4}$	52 $\frac{1}{2}$	54 $\frac{1}{2}$	54 $\frac{1}{4}$	54 $\frac{1}{2}$	55
Average height in centimeters				109·8	113·6	118·7	123·8	133·3	138·4	137·8	138·4	139·7
Standard height in inches				41·0	44·0	45·9	47·0	49·7	51·8	53·5	54·9	56·9
Standard height in centimeters				104·1	111·7	116·5	119·3	126·2	131·5	135·9	139·4	144·5
Average weight in pounds				38	42 $\frac{1}{2}$	47 $\frac{3}{4}$	51 $\frac{1}{4}$	63	69 $\frac{1}{2}$	68	70 $\frac{1}{2}$	68
Average weight in kilogrammes				17·2	19·3	21·6	23·2	28·6	31·5	30·8	32·0	30·8
Standard weight in pounds				39·9	44·4	49·7	54·9	60·4	67·5	72·0	76·7	82·6
Standard weight in kilogrammes				18·1	20·2	22·5	24·9	27·4	30·6	32·7	34·8	37·5

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			per cent.	Schedule No.			per cent.	
4.	Fair	...	1	1'5	13.	Otorrhea	2	3'0
7.	Fair	...	8	12'3	15.	Thick ...	1	1'5
	Poor	...	3	4'6	16.	Dull ...	1	1'5
8a.	Fair	...	2	3'0	17.	Systolic Bruit	1	1'5
	Nits	...	1	1'5		Heart sounds		
8b.	Fair	...	2	3'0		impure ...	1	1'5
9.	Fair	...	20	30'7	18.	Bronchitis	1	1'5
	Poor	...	6	9'2		Cough ...	1	1'5
	Bad	...	6	9'2	20.	Glands of Neck	1	1'5
10a.	Enlarged		13	20'0	21.	Chest ...	3	4'6
10b.	Present ...		6	9'2		Pigeon Breast	1	1'5
10c.	Enlarged		6	9'2	22.	Peculiar Head	1	1'5
11.	Blepharitis		1	1'5		Rupture	1	1'5
	Strabismus		2	3'0	23.	Scabies ...	1	1'5
12.	Visual Acuity					Ringworm	1	1'5
	R.	6/12	3	4'6	24.	Pityriasis		
		6/18	2	3'0		Versicolor	1	1'5
		6/24	1	1'5		Swallowed a pin		
	L.	6/9	1	1'5		2 days previous	1	1'5
		6/12	3	4'6				
		6/18	2	3'0				
		6/24	1	1'5				

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			per cent.			Per cent.	
Measles	...	43	66	Scarlet Fever	...	7	10
Whooping Cough		28	43	Diphtheria	...	1	1.5
Chicken Pox	...	17	26				
Not Vaccinated			...	14	21 per cent.		

Arnold Street Girls and Infants.

1. In Arnold Street, just off main road. A one-story building surrounded by good class of cottage property. There are two departments under one Head Mistress. Building divided into five Classrooms : three being for girls, and two for infants.

2. By Tobin Tubes, and exhausts in roof, no cross ventilation, and no means of warming incoming air.

3. Natural :—Windows. Artificial :—Incandescent gas. The natural light is not sufficient in the corners of rooms.

4. Closed iron stoves standing well out into room with flues through roof.

5. Good.

6. Seven trough closets for girls, and two for boys, with automatic flush. Separate accommodation for teachers. Closets scrubbed out weekly. All clean and in good order.

6a. Four zinc washbasins, clean but old fashioned.

7. Company's water, good and ample supply.

8. Swept down nightly, cleaned weekly. Scrubbed and cleaned throughout four times yearly.

9. None ; but stoves in classrooms.

10. Arranged in best manner possible under the circumstances.

10a. There is no playground, but the Volunteer Drill Hall adjoining is sometimes used for drilling and playing in. There is no land available in the near neighbourhood.

Number of children inspected, 73.

Absent on day of inspection, 8.

Height and weight of children at various ages :

BOYS.

Age	3-4	4-5	5-6
Number inspected ...	8	14	6
Average height in inches	37½	39½	42½
Average height in centimeters	95·2	100·3	107·9
Standard height in inches ...	...	...	41·0
Standard height in centimeters	...	...	104·1
Average weight in pounds ...	33½	38	38¾
Average weight in kilogrammes	15·1	17·2	17·5
Standard weight in pounds ...	...	...	39·9
Standard weight in kilogrammes	...	...	18·1

GIRLS.

Age	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	13-14
Number inspected	8	14	2	4	3	8	1	2	2	1
Average height in inches	37½	38½	41½	44½	46	49½	46	52½	56½	64½
Average height in centimeters ...	95·2	97·8	105·4	113·0	116·8	125·0	116·8	132·7	142·8	163·8
Standard height in inches ... ..	...	...	40·5	42·8	44·4	46·6	48·7	51·0	53·1	57·7
Standard height in centimeters ...	...	...	102·8	108·7	112·7	118·3	123·7	129·5	134·8	146·5
Average weight in lbs.	32½	34	39½	43½	45¾	52¾	50	65	69½	86½
Average weight in kilogrammes ...	14·6	15·4	17·8	19·7	20·7	23·9	22·7	29·4	31·5	39·1
Standard weight in lbs.	...	...	39·2	41·7	47·5	52·1	55·5	62·0	68·1	87·2
Standard weight in kilogrammes ...	...	...	17·8	18·9	21·5	23·6	25·1	28·1	30·8	39·6

NUMBER AND PERCENTAGE OF DEFECTS FOUND.

Schedule No.			Males.	Per cent.		Females	Per cent.
4.	Fair	...	3	4·1	...	7	9·5
7.	Fair	...	3	4·1	...	2	2·7
8a.	Nits	...				5	6·7
	Lice	...				1	1·3
8b.	Fair	...	2	2·7	...	1	1·3
9.	Fair	...	4	5·4	...	9	12·3
	Poor	...			...	6	8·2
	Bad	...	1	1·3	...	1	1·3
10a.	Enlarged	...	8	10·9	...	7	9·5
10b.	Present	...	3	4·1	...	4	5·4
10c.	Enlarged	...	3	4·1	...	4	5·4
11.	Blepharitis	...	1	1·3			
	Strabismus	...				2	2·7
12.	Visual Acuity						
	Right	...			6/12	1	5·8
					6/24	1	5·8
	Left				6/24	1	5·8
13.	Otorrhea	...				2	2·7
14.	Impaired	...				1	1·3
15.	Indistinct	...				1	1·3
16.	Fair	...				1	1·3
	Dull	...				2	2·7
	Very dull	...	2	2·7			
17.	Heart sounds impure					1	1·3
	Systolic bruit	...				1	1·3
	Heart rapid	...				1	1·3
18.	Bronchitis	...	2	2·7	...	4	5·4
	Harsh breathing	...	1	1·3			
	Moist sounds all over					1	1·3
21.	Chest	...	1	1·3	...	2	2·7
22.	Undescended right testicle	1		1·3			
	Rupture	...				1	1·3
23.	Impetigo	...	1	1·3	...	1	1·3
	Ringworm	...	1	1·3			

24.	Sickness and Diarrhoea	1	1'3		
	Diarrhoea	...	1	1'3	
	Eats sand, etc.	...	1	1'3	
	Slight sore on face		...	1	1'3
	Capillary Nevus on left forearm and hand		...	1	1'3
	Catarrh	...	...	1	1'3
	Eczema	...	...	1	1'3
	Worms	...	...	2	2'7

PERSONAL HISTORY, PREVIOUS INFECTIOUS ILLNESSES.

			Per cent.				Per cent.
Measles	...	38	52		Chicken Pox	13	17
Whooping Cough		38	52		Scarlet Fever	2	2'7
Not Vaccinated			...	11	15 per cent.		

Height and weight of all children at various ages:—

MALES.

Age ...	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected ...	64	123	109	56	124	128	58	17	11	6	1
Average height in inches ...	37	38 $\frac{7}{8}$	41 $\frac{1}{4}$	43 $\frac{1}{2}$	45 $\frac{5}{8}$	47 $\frac{5}{8}$	50 $\frac{1}{2}$	51 $\frac{1}{2}$	52 $\frac{1}{2}$	50	55
Average height in centimeters ...	94·0	98·7	104·7	110·5	115·9	120·9	128·2	130·8	133·3	127·0	139·7
Standard height in inches ...	...	...	41·0	44·0	45·9	47·0	49·7	51·8	53·5	54·9	56·9
Standard height in centimeters ...	...	...	104·1	111·7	116·5	119·3	126·2	131·5	135·9	139·4	144·5
Average weight in lbs.	32 $\frac{3}{4}$	35 $\frac{1}{4}$	38	42 $\frac{1}{4}$	46 $\frac{1}{4}$	51	57	61 $\frac{1}{4}$	62	63 $\frac{1}{2}$	68
Average weight in kilogrammes ...	14·9	16·0	17·2	19·2	21·0	23·1	25·9	27·8	28·1	28·8	30·8
Standard weight in lbs.	...	...	39·9	44·4	49·7	54·9	60·4	67·5	72·0	76·7	82·6
Standard weight in kilogrammes ...	...	...	18·1	20·2	22·5	24·9	27·4	30·6	32·7	34·8	37·5

FEMALES.

Age ...	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14
Number inspected ...	56	118	104	45	95	130	66	25	18	12	7
Average height in inches ...	36 $\frac{7}{8}$	39 $\frac{1}{4}$	41 $\frac{1}{8}$	44 $\frac{1}{2}$	45 $\frac{1}{2}$	47 $\frac{1}{2}$	48 $\frac{1}{2}$	51 $\frac{1}{2}$	53 $\frac{5}{8}$	55 $\frac{5}{8}$	57 $\frac{1}{8}$
Average height in centimeters ...	93·6	99·7	104·4	113·0	115·5	120·6	123·2	130·8	136·2	141·3	145·1
Standard height in inches ...	...	...	40·5	42·8	44·4	46·6	48·7	51·0	53·1	55·6	57·7
Standard height in centimeters ...	...	...	102·8	108·7	112·7	118·3	123·7	129·5	134·8	141·2	146·5
Average weight in lbs.	31 $\frac{3}{4}$	35 $\frac{1}{4}$	38 $\frac{1}{2}$	44 $\frac{1}{4}$	46 $\frac{1}{2}$	49 $\frac{1}{2}$	52 $\frac{1}{2}$	60 $\frac{3}{4}$	64 $\frac{3}{4}$	75 $\frac{1}{2}$	75
Average weight in kilogrammes ...	14·4	16·0	17·4	20·1	21·1	22·4	23·8	27·5	29·3	34·2	34·0
Standard weight in lbs.	...	...	39·2	41·7	47·5	52·1	55·5	62·0	68·1	76·4	87·2
Standard weight in kilogrammes ...	...	...	17·8	18·9	21·5	23·6	25·1	28·1	30·8	34·7	39·6

Circular to Local Education Authorities.
Schedule of Medical Inspection.

CIRCULAR 582

BOARD OF EDUCATION,
 WHITEHALL,

LONDON, S.W.

23rd January, 1908.

Education (Administrative Provisions) Act, 1907, Section 13.

SIR,

1. The accompanying Schedule has been drawn up in response to requests which the Board of Education have received for further and more definite guidance as regards the details of the work of medical inspection than was given in the Memorandum (Circular 576) which was issued by the Board on 22nd November, 1907. The Board have, indeed, been pressed by many Local Education Authorities to issue a complete set of Forms for use in carrying out the work directly or incidentally involved in the performance of these new duties. Any Forms which experience of the working of the Act may show to be necessary or desirable will be issued in due course, but for the present the Board think it expedient to leave considerable latitude, subject to the considerations hereinafter set out, in regard to the particular Forms or Schedules to be used in different cases or circumstances.

2. The chief difficulties to be considered are administrative rather than educational or scientific. There is comparatively little dispute as to the end in view, or as to the means which, from the technical standpoint of medical science and practice, should be adopted for its complete attainment.

But the existing resources of Local Education Authorities are (for practical purposes, at all events) not unlimited, the feelings and prejudices of parents have to be considered, and a new element has to be introduced into school life and organisation with the least possible disturbance and inconvenience. Moreover, in this case two departments of local public administration are brought for the first time into organic connection—those of public health and of public education.

ii.

3. The Board are fully aware of these difficulties, and in preparing their Memorandum and Regulations, it was necessary for them to consider what system would best reconcile the theoretical and practical considerations, and overcome the divergence between the ultimate end and the end immediately attainable, or between the methods which are scientifically desirable and those which can be applied in existing circumstances at the initiation of the work under the Act.

4. In the accompanying Schedule the Board indicate the particulars, attention to which they regard as constituting the *minimum* of efficient medical inspection, and they consider that at least these particulars should be included in any other schedule which the Local Education Authority may authorise for use in their Schools. It deliberately excludes many points of anthropometric or statistical interest which are worthy of attention, and which it is hoped may receive attention in suitable districts. Nor does it profess to lay down the lines of a clinical study or of a scientifically complete medical examination. It is intended to indicate the methods which, in the Board's opinion, should be followed and the particulars which should be attended to for the purpose of determining the fitness of the individual child for school life, to guide the Authority in adapting education to the peculiarities or abnormalities of the child, and to prepare the way for measures for the amelioration of defects in the child or its environment.

A more elaborate and complete form could readily be devised, but the Board's knowledge of the circumstances in which the work is to be done leads them to believe that greater elaboration would in the majority of cases defeat its own end.

5. If this Schedule is properly used, few cases of serious physical weakness or defect will escape detection. Where the ordinary inspection shows the need of further and more searching medical examination a supplementary blank form should be used in which particular defects or diseases should be fully recorded. It may facilitate inspection if the Schedule is printed on cards (8-in. by 5-in. or 10-in. by 6-in.) The Notes are included in the attached form for the convenience of the School Medical Officer, and should not be reprinted on the cards. Of course it is not necessary that negative findings on all the points mentioned in the Notes should be recorded,

It will be noticed that a space is reserved in the Schedule for "General Observations"; this may conveniently be used to record a general summary of the condition of the child, and any information which may be available as to the home environment, or other conditions affecting its health.

It is considered that the inspection of each child should not occupy on the average more than a few minutes, and that the child need only, as a rule, have its clothes loosened or be partially undressed. Time may be saved in the actual inspection by the Medical Officer if the entries in some of the spaces are filled in by the school authorities before his visit. The four columns in the Schedule are designed for the four inspections required during school life.

With regard to items 17 to 24 of the Schedule, while it is necessary that all indications of diseased or unsound conditions should be thoroughly investigated, needless medical examination of healthy children should, for obvious reasons, be avoided.

6. Where children are found to belong to that class of "defectives" for whose education special provision is or ought to be made under the Statutes relating to such children, such cases should be made the subject of a special report to the Local Education Authority.

7. *All entries of the results of inspection in each individual case must be regarded as confidential.*

I have the honour to be,

Sir,

Your obedient Servant,

ROBERT L. MORANT.

To the Local Education Authority.

SCHEDULE OF MEDICAL INSPECTION

(Accompanying Circular 582).

NOTES FOR INSPECTING OFFICER.

Reference Number
of Note.

1. Date of birth to be stated exactly, date of month and year.
2. "Other illnesses" should include any other serious disorder which must be taken into account as affecting, directly or indirectly, the health of the child in after-life, *e.g.*, rheumatism, tuberculosis, congenital syphilis, small-pox, enteric fever, meningitis, fits, mumps, &c. The effects of these, if still traceable, should be recorded.
3. State if any cases of, or deaths from, phthisis, &c., in family.
4. Note backwardness.
5. Age to be stated in years and months, thus, $5\frac{4}{2}$.
6. Insufficiency, need of repair, and uncleanness should be recorded (good, average, bad).
7. Without boots, standing erect with feet together, and the weight thrown on heels and not on toes or outside of feet.
8. Without boots, otherwise ordinary indoor clothes.
Height and weight may be recorded in English measures if preferred. In Annual Report, however, the final averages should be recorded in both English and metric measures.
9. General nutrition as distinct from muscular development or physique as such. State whether good, normal, below normal or bad. Under-nourishment is a point to determine. Appearance of skin and hair, expression, and redness or pallor of mucous membrane are among the indications.
10. Cleanliness may be stated generally as clean, somewhat dirty, dirty. It must be judged for head and body separately. The skin of the body should be examined for cleanliness, vermin, &c. ; and the hair for scurf, nits, vermin, or sores. At the same time ringworm and other skin diseases should be looked for.

11. General condition and cleanliness of temporary and permanent teeth, and amount of decay. Exceptional features, such as Hutchinsonian teeth, should be noted. Oral sepsis.
12. The presence or absence of obstruction in the naso-pharynx is the chief point to note. Observation should include mouth-breathing ; inflammation, enlargement, or sup-puration of tonsils ; probable or obvious presence of adenoids, polypi ; specific or other nasal discharge, catarrh, malformation (palate), &c.
13. Including blepharitis, conjunctivitis, diseases of cornea and lens, muscular defects, (squints, nystagmus, twitchings), &c.
14. To be tested by Snelling Test Types at 20 feet distance (=6 metres). Result to be recorded in the usual way, *e.g.*, normal V. = $\frac{6}{6}$. Examination of each eye (R. and L.) should, as a rule, be undertaken separately. If the V. be worse than $\frac{6}{9}$, or if there be signs of eye strain or head-ache, fuller examination should be made subsequently. *Omit vision testing of children under 6 years of age.*
15. Including suppuration, obstruction, &c.
16. If hearing be abnormal or such as interferes with class work, subsequent examination of each ear should be undertaken separately. *Apply tests only in general way in case of children under 6 years of age.*
17. Including defects of articulation, lisping, stammering, &c.
18. Including attention, response, signs of overstrain, &c.

The general intelligence may be recorded under the following heads :—(a) Bright, fair, dull, backward ; (b) mentally defective ; (c) imbecile. *Omit testing mental capacity of children under 6 years of age.*

19. Under the following headings should be inserted particulars of diseased conditions actually present or signs of incipient disease, The extent of this part of the inspection will largely depend upon the findings under previous headings.

20. Include heart sounds, position of apex beat, anæmia, &c., in case of anything abnormal or requiring modification of school conditions or exercises.
21. Including physical and clinical signs and symptoms.
22. Including chorea, epilepsy, paralyses and nervous strains and disorders.
23. Glandular, osseous, pulmonary, or other forms.
24. State particular form, especially in younger children.
25. Including defects and deformities of head, trunk, limbs. Spinal curvature, bone disease, deformed chest, shortened limbs, &c,
26. Including any present infectious, parasitical or contagious disease, or any sequelæ existing. At each inspection the occurrence of any such diseases since last inspection should be noted.
27. Any weakness, defect or disease not included above (*e.g.*, ruptures) specially unfitting child for ordinary school life or physical drill, or requiring either exemption from special branches of instruction, or particular supervision.

Schedule of Medical Inspection.

I.—Name..... Date of Birth¹.....

Address..... School.....

II.—Personal History :

(a) Previous Illnesses of Child (before admission).

Measles.	Whooping Cough.	Chickenpox.	Scarlet Fever.	Diphtheria.	Other Illnesses ²
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(b) Family Medical History (if exceptional)³

	I.	II.	III.	IV.		I.	II.	III.	IV.
1. Date of Inspection					13. Ear disease ¹⁵				
2. Standard and Regularity of attendance ⁴					14. Hearing ¹⁶ - -				
3. Age of Child ⁵ -					15. Speech ¹⁷ - -				
4. Clothing & footgear ⁶					16. Mental condition ¹⁸				
(III. General Conditions)					(V. Disease or Deformity) ¹⁹				
5. Height ⁷ - - -					17. Heart & circulation ²⁰				
6. Weight ⁸ - - -					18. Lungs ²¹ - - -				
7. Nutrition ⁹ - -					19. Nervous system ²² -				
8. Cleanliness and condition of skin ¹⁰					20. Tuberculosis ²³ -				
Head - - -					21. Rickets ²⁴ - - -				
Body - - -					22. Deformities, Spinal Disease, &c. ²⁵ -				
(IV. Special Conditions)					23. Infectious or contagious disease ²⁶ -				
9. Teeth ¹¹ - - -					24. Other disease or defect ²⁷ - - -				
10. Nose and throat ¹²									
Tonsils - -									
Adenoids - -									
Submax and cervical glands -									
11. External eye disease ¹³ - - -									
12. Vision ¹⁴ - - -									
R.					Medical Officer's initials				
L.									

General observations.

Directions to Parent or Teacher.

OFFICIAL COPY.

LOCAL GOVERNMENT BOARD.

Memorandum on the Circumstances under which the Closing of Public Elementary Schools or the Exclusion therefrom of particular Children may be required in order to prevent the Spread of Disease.

Objects of Memorandum.

1. It is attempted in these notes to indicate the best means of preventing the spread of disease by school children among their fellows, while avoiding any unnecessary interruption of the work of education.

Regulations of Board of Education.

2. In the Code of Regulations for Public Elementary Schools issued by the Board of Education in 1907, the following Article (Art. 57) prescribes, as one of the general conditions required to be fulfilled by a Public Elementary School in order to obtain an annual Parliamentary grant, that—

“If the Sanitary Authority of the District in which the School is situated, or any two members thereof, acting on the advice of the Medical Officer of Health, require either the closure of the school or any department thereof, or the exclusion of certain children for a specified time, with a view to preventing the spread of disease or any danger to health likely to arise from the condition of the school, such requirement must at once be complied with, but after compliance appeal may be made to the Board (of Education) if the requirement is considered unreasonable.”

Article 45 (b) prescribes that “if the scholars have been excluded from instruction owing to a closure of the school under medical authority or for any other unavoidable cause, the grant will be paid in full, provided the requirements of this Article”—i.e., that the school or department must have met not less than 400 times in the school year—“are satisfied after an allowance of nine meetings has been made for each week of such closure.”

(The “medical authority” referred to in this article is not necessarily that of the Medical Officer of Health.)

Diseases principally requiring action.

3. The diseases for the prevention of which school closure, or the exclusion of particular children, will be required are principally those which spread by infection directly from person to person, such as diphtheria, scarlet fever, measles, whooping-cough, epidemic influenza, small-pox, and r  theln. More rarely the same questions arise in connection with enteric fever and diarrh  al diseases, which spread not so much by direct infection from person to person as indirectly through the agency of local conditions, such as infected school privies.

4. It will be seen that Article 57 quoted above confers upon Sanitary Authorities an alternative power with respect to public elementary schools.

(A.) To cause particular scholars to be for a specified time excluded from attendance, or

(B.) To require the school to be closed for a specified time.

Exclusion of Scholars.

5. *A. First, as to exclusion from school of particular scholars.*—Here it will be convenient to consider the circumstances under which the requirements of the public health will be satisfied by the less severe measure of the exclusion from school of particular children.

(a.) It may be laid down as a general principle that all children suffering from any dangerous infectious disorder (*i.e.* of a nature dangerous to some of the persons attacked by it, however mild in other cases) should be excluded from school until there is reason to believe that they have ceased to be in an infectious condition (*see* section 126 of the Public Health Act, 1875, also section 57 of the Public Health Acts Amendment Act, 1907, which may be put in force in any district by Order of the Local Government Board).

From infected houses.

(b.) Furthermore, as it is rarely possible to provide effectual separation of the sick from the healthy within the homes of children of the class attending public elementary schools, it is often necessary that all children of an infected household should be excluded from

school ; first, because otherwise such children, if unprotected by a previous attack, might attend school while suffering from the disease in a latent form, or at an unrecognized stage ; and secondly, because it is known that infection of certain diseases may attach itself to, and be conveyed by, the throat secretions or the clothes of a person living in an infected atmosphere, even though the person himself remain unaffected. The same considerations will sometimes make it desirable to prohibit the attendance at school of children who are known to have been in contact with a source of infection ; of children of certain ages or classes ; or of children from a particular street or hamlet.

In the case of infectious diseases involving little or no danger to life, such as mumps or skin diseases, school interests may be more particularly considered. In such case, however, it will usually be well for the Medical Officer of Health to advise the managers to prohibit the attendance of every child while in an infectious state.

Closing of Schools.

6. *B. Secondly, as to the closing of schools.*—This, by more seriously interfering with the educational work of a district, is a much more grave step for a sanitary authority to take than to direct the exclusion of particular scholars. It is a measure that seldom ought to be enforced except under circumstances involving imminent risk of an epidemic, nor even then as a matter of routine nor unless there be a clear prospect of preventing the propagation of disease such as could not be looked for from less comprehensive action.

Partial closure.

Even where school closure is deemed necessary it need not always extend to the whole school or department, but may on suitable occasions be limited to particular classes or standards. Thus in the case of outbreaks of measles or whooping cough it is often unnecessary to close the senior departments of a school ; since the majority of the elder children are commonly protected against those diseases by having already passed through an attack in previous years.

Duty of Medical Officer of Health when Infectious disease occurs.

7. By Article 18 (6) of the Board's Order of the 23rd March, 1891, the Medical Officer of Health on the occasion of an outbreak of dangerous infectious disease is to advise the persons competent to

act as to the measures to be taken to prevent the extension of the disease. If, therefore, he finds that the children of infected households are attending school, he should send notice of the fact to the schoolmaster, and give such advice as appears to him to be necessary with regard to the exclusion of the children from school, and as to the time for which such exclusion should continue.

Where the number of children to be excluded is small, and the schoolmaster is prepared to act on the advice of the Medical Officer of Health, it may not be necessary to take formal action under Article 57 of the code ; but where the number of children whom it is desirable to exclude from school is such as is likely seriously to diminish the average attendance or where the advice of the Medical Officer of Health is not followed, and there is danger of the disease spreading by means of the school, notice for the exclusion of the children in question should be made in accordance with the requirements of Article 57.

Aid which Schoolmasters and others can give.

The attention of schoolmasters and of school attendance officers should also be drawn to the following considerations. Frequently they themselves will obtain the earliest information of the occurrence of infectious disease among scholars, and it is most desirable that such master or officer should without delay communicate the facts to the Medical Officer of Health. Absence of any child from school on the plea that it is suffering under one of the before-mentioned diseases, and absence of several children of one family from school at the same time, no matter what name be given to the complaint that keeps them at home, should be reported to the health officer. In practice it has been found that this notification of absentees has materially aided the local health officer in taking measures for the suppression of infectious disease, to the advantage alike of the district and of the school. Furthermore, schoolmasters may properly be asked to take note, especially when an epidemic threatens or is present, of symptoms occurring in any of their scholars that may indicate the commencement of disease, febrile in nature. Besides heat of skin, such symptoms as shivering, headache, and languor, especially if commencing suddenly, vomiting, rashes on the skin,

and sore throat. When scarlet fever or diphtheria threatens, every trace of sore throat should be looked upon as suspicious. In any case where such symptoms are observed, the safest course will be to exclude the child from school until assurance can be had that it may attend school without harm to itself or danger to other scholars.

Exclusion of particular scholars; duration of.

8. As regards duration of exclusion from school of particular children, the time to be specified will vary in different diseases and different cases, and in this matter the Sanitary Authority will doubtless be guided by the advice of their Medical Officer of Health.

The rules adopted by the London County Council (Education Department), which are set out in an Appendix to this Memorandum, will be found useful.

Whether exclusion or school closure to be preferred.

9. In deciding whether an outbreak of infectious disease among children of school age may be best combated by closing the school, or whether it will suffice to exclude the children of infected households, the two most important points to be considered are :—

(a). The completeness and promptness of the information received by the officers of the Sanitary Authority respecting the occurrence of infectious cases.

(b). The opportunities which exist for intercourse between the children of different households elsewhere than at school.

When exclusion system to be preferred.

10. (a) The more prompt and full the knowledge of cases of infectious disease that the Sanitary Authority are able to obtain, the better will be the prospect of checking such disease by keeping away from school the children of Infected households, and the less will be the necessity for closing schools.* If the cases be few in number, and their origin known, the exclusion from school of the children of infected households will probably suffice, but this measure will fail where there are many undiscovered or unrecognized cases, or where the known centres of infection are very numerous.

* The provisions of the Infectious Disease Notification Acts, and of section 58 of the Public Health Acts Amendment Act, 1907 (where that section has been put in force) may be referred to in this connection.

When total closure of school preferable.

Commonly, the failure of carefully considered measures of exclusion to stay the spread of an epidemic which shows a special incidence upon school children may be regarded as pointing to the continued attendance at school of children with the prevalent disease in a mild or unrecognized form, and a strong case will appear for the closing of schools. But it must be remembered that the closing of the school will deprive the Medical Officer of Health of the information respecting attacks in the early stage or of doubtful nature which he might otherwise be able to obtain from the school teachers.

Closure of schools in Rural districts ; in populous localities.

II. (b) The second material consideration, in deciding as to the desirability of closing schools during the prevalence of infectious disease is the amount of opportunity for intercommunication between the members of different households elsewhere than at school. In sparsely populated rural districts, where the children of different households, or of separate hamlets, rarely meet except at or on their way to the village school, the closing of the school is likely to be effectual in checking the spread of disease. It is less likely to be useful in a town or compact village (particularly where houses are sub-let and yards are in common), where the children of different households, when not at school, spend their time in playing together, and often run in and out of each other's houses. But it must be remembered that children when at play out of doors are brought into much less close association with each other than when in school.

In rural districts, where epidemic diseases are less frequently prevalent, school closing may be required as an exceptional measure to meet an exceptional state of things, but in populous towns if schools had to be closed whenever an infectious disease was prevalent, they would in many places be rarely open.

School closing for managers' interests.

12. On occasions when by reason of the absence or exclusion of a considerable number of children the attendance at a school is greatly reduced, the managers often prefer to close it altogether, as by

so doing they are enabled to obtain the advantage of Article 45 (b) of the Education Code before quoted. This for reasons to be mentioned is especially apt to occur in the case of epidemics of measles and whooping cough.

But it must be born in mind that under Article 57 of the Education Code, the Sanitary authority is only empowered to order the closure of a school with a view to preventing the spread of disease, and not in the financial interests of the school; and that when a large proportion of the susceptible children have already contracted the disease or been exposed to infection, school closing can do little to prevent its spread.

In such cases, however, if the school managers desire to close the school, it is open to the Medical Officer of Health, if he thinks fit, to give a certificate for the purpose of Article 45 (b) of the Code, though he is not under any obligation to do so.

Measles.

13. The question of school closing in outbreaks of measles merits special consideration. School closing probably more frequently takes place on account of epidemics of measles than for any other disease, but as the closing is commonly deferred until a large proportion of the children are already absent, it is in populous districts at least, useless for the purpose of preventing the spread of the disease. The following facts respecting measles have to be taken into account :—

The disease is very infectious, and almost all young children who have not already had it are susceptible to it, the susceptibility being probably greatest in the second to the fifth years of life. Persons, however, comparatively rarely contract it a second time, so that in populous districts where the epidemics commonly recur every two or three years, most of the older children are protected against it by having passed through a previous attack.

The incubation period of the disease from infection to the commencement of illness is usually from 12 to 14 days, and the disease is very infectious during the first three days before the characteristic rash appears. Hence, if measles is introduced into a school, the first crop of secondary cases will occur about

12 days after the original case, and in 12 days more there will be a second crop comprising the majority of the unprotected children. The rapidity of spread depends in large measure upon the number of unprotected children in the class or school; and hence the likelihood of an introduction of measles into a school being followed by an epidemic is in proportion to the length of time which has elapsed since the last previous epidemic.

In populous towns measles is constantly more or less present, and is on frequent occasions introduced into schools, hence it is not possible to prevent epidemics, but at most only to postpone them. But, since the mortality from measles chiefly occurs among children under five years of age, in so far as the recurrence of an epidemic can be postponed, the mortality from measles will be reduced, since a large number of children will have passed the age at which the risk of death from an attack is greatest.

In view of the failure of school closure, when deferred until a considerable number of children have been attacked, to prevent the spread of measles a class closure of short duration after the occurrence of a single case of measles has been suggested. If this be done the class should be closed on the ninth day after the sickening of the first child, for a period of five days only, after which time only those who have sickened should be excluded, with those in the same households who have not had measles.

The infection of measles is probably conveyed chiefly by the nasal mucus, but is less persistent than that of small-pox, scarlet fever, or diphtheria, and is not commonly conveyed by healthy persons; hence it is unnecessary to exclude from school the children of infected households if they have themselves had measles.

The foregoing remarks apply especially to measles as it occurs in populous town districts; in rural districts, for the reasons given in paragraph 11, there is a better prospect of checking the spread of the disease by prompt measures of exclusion and school closure, especially of the infant classes.

Whooping Cough.

Similar considerations apply in some degree to whooping cough, which, like measles, attacks especially young children, and is infectious in the early stage, before the characteristic whoop has appeared.

Upon any threatened outbreak of measles or whooping cough it is advisable that all children below the age of obligatory school attendance, *i.e.*, under five years old, who may be attending school should be excluded, unless they are known to have previously had the disease.

Scarlet Fever.

14. Scarlet fever in schools is spread chiefly by the agency, first, of mild unrecognised cases, presenting perhaps merely a slight sore throat, the nature of which is only recognised when peeling of the skin subsequently occurs; and second of convalescents still in an infectious condition, especially with nasal discharges. It is desirable that children who have had scarlet fever should not be re-admitted to school for a week or two after recovery or discharge from hospital, and in no case until free from infectious sequelæ.

Diphtheria.

15. Diphtheria in schools, though spreading less rapidly than measles, is often very persistent and sometimes causes serious mortality. An outbreak is often preceded by cases of sore throat not obviously of diphtheritic nature, or not so recognised, but in which the diphtheria bacillus can often be identified in secretion taken from the throat by swabs. The specific bacillus may often be found in the throats of persons who have been in contact with cases of diphtheria, but are themselves apparently healthy. When diphtheria breaks out in a school it is desirable that the other children in the class affected should be examined with a view to the detection of such cases of sore throat; and in many cases bacteriological examinations may be necessary. It is desirable also that bacteriological examinations should be made of the throats of convalescents from diphtheria, and that they should not be allowed to return to school until the absence of the diphtheria bacillus is satisfactorily shown.

Diphtheria and other diseases in schools are often conveyed from child to child by school appliances used first by one and then by another, such as slates cleaned with spittle, penholders and pencils which are apt to be sucked or chewed, and drinking vessels used in common. Appropriate steps should be taken to avoid such dangers.

Sanitary condition of schools.

16. School closure is occasionally necessary on account of infectious sickness in the master's family, which would involve risk to the scholars. It is also sometimes necessary to close a school for a day or two in order that it may be disinfected and cleansed after cases of infectious illness have been in attendance, or to allow of the rectification of sanitary defects of a nature to produce or spread disease.

It must be remembered that proper ventilation of school-rooms, avoidance of overcrowding, cleanliness, and where needed, disinfection of schoolrooms and school appliances, do much to prevent the spread of infectious diseases ; and if these matters were duly attended to and careful supervision kept over children slightly ailing, school closing would be comparatively rarely required.

School closing where many schools exist.

17. In places where there are several public elementary schools, if an outbreak of infectious disease be confined to the scholars of one particular school, it may be sufficient to close that school only. But where different schools have all appeared to aid in the spread of disease (though perhaps to an unequal extent) the Sanitary Authority may consider it advisable that all should be closed lest children in an infectious state who previously attended the schools that are closed, should be sent to others that might remain open.

The playgrounds should not remain open when the schools are closed, as they may form a meeting place for the children whom it is the object of the closure to keep apart.

Sunday and private schools.

It must be remembered that Sanitary Authorities have no power in respect of Sunday schools, or other private schools, except in so

far as these may contravene section 91 (5), section 126, or other provision of the Public Health Act, 1875, or section 57 of the Public Health Acts Amendment Act, 1907, where it has been put in force ; but it will often be expedient to invite the co-operation of managers of such schools in efforts for securing the public health. Experience shows that they are usually ready to defer to the representations of the authority responsible for the public health of the district.

Duty of Medical Officer of Health as to reporting.

Grounds for action to be stated.

18. The Medical Officer of Health has not power to order the closing of a school ; his function in this respect is advisory only. Reports of Medical Officers of Health to Sanitary Authorities, advising the closure of a school or schools in any district, are to be treated as "special" reports within the meaning of the General Order of the Local Government Board of March 23rd, 1891, and copies of them are required by Art. 18 (15) and (16) of that Order to be sent to the Board, and to the County Council. These reports should state the grounds upon which the Medical Officer of Health advocates the closure of the school or schools in preference to the exclusion of particular scholars.

Notices requiring closure of schools.

19. All notices of the Sanitary Authority for the closing of Public Elementary Schools should be addressed in writing to the Managers, and should state the grounds on which the closing is deemed necessary.

Notices to specify definite periods.

All such notices must specify a definite time during which the school is to remain closed ; this should be as short a period as can be regarded as sufficing on sanitary grounds, since a second notice may be given before the expiration of the first, if it should be found necessary to postpone the re-opening of a school. The Managers of

Schools, after complying with the requirements of the Sanitary Authority, have the right of appeal to the Board of Education if they consider any notice to be unreasonable.

20. Where the Medical Officer of Health is not himself the school medical officer appointed under the Education (Administrative Provisions) Act, 1907, it will be very desirable that in matters relating to the health of school children, he should co-operate with the officer appointed under that Act and should consult with him in any case of doubt or difficulty.

(Signed) H. FRANKLIN PARSONS,

January, 1908.

Assistant Medical Officer.

Appendix.

The following rules set forth the practice of the London County Council (Education Department) in reference to the exclusion of children from school on account of infectious diseases :—

(a) *Notifiable Diseases*.—On receipt of the notification from the Medical Officer of Health the following action is taken at the schools :—

- (1) The head master sends the notice to the head teachers of the other departments.
- (2) All affected children (whether suffering or coming from the home in which the disease exists) are excluded from school.
- (3) Head teachers of all departments forward on the same day the names and addresses of all children affected by the notice, to the Divisional Superintendent and the Medical Officer (Education), on a form specially provided for the purpose.

- (4) The notification is then filed at the school until the end of the school year.
- (5) Children coming from houses in which *Erysipelas* and *Typhoid*, or *Enteric Fever* exists, but who are not themselves suffering from the disease, should not be excluded from school.
- (6) Children excluded on account of a notifiable infectious disease occurring either in themselves or others in the houses in which they live, must not be allowed to return to school unless a certificate has been received from the Medical Officer of Health, stating that the premises are free from infection.
- (7) Head teachers will note that the certificate forwarded by the Medical Officer of Health merely states that the premises from which the children come are free from infection, and does not certify that the children are in a condition to be permitted to resume attendance at school, for it may be that, though the premises are free from infection, the children coming from such premises may be sickening for an infectious disease. It will be necessary, therefore, for a further period of seven days to elapse before the return of such children to school, unless the Medical Officer of Health shall specially certify that a longer period of absence is necessary.
- (8) No child who has been in an infectious disease hospital should return to school for at least a fortnight after discharge from the hospital.
- (9) The London County Council have passed the following resolution in respect to diphtheria :—

“That the Education Committee be authorised to refuse, during the presence of diphtheria in any district, readmission to school of children excluded on account of diphtheria or sore throat until such children shall have obtained a medical certificate of freedom from infection, based on a bacteriological examination.”

(b) *Non-notifiable Diseases*—

- (1) Children suffering from the following diseases must be excluded from school for the undermentioned periods :

Measles : For at least one month.

Mumps : For one month.

Chicken-pox : For at least two weeks, or until every scab has fallen off the scalp or body.

Whooping-cough : For as long as the cough continues, and not less than five weeks from the commencement of the whooping.

- (2) Children coming from houses in which either measles, mumps, chicken-pox, or whooping-cough exists must be dealt with as follows :

(a) Children in schools, other than infants' schools, who have not had the disease and all children in infants' schools must be excluded.

(b) Children in schools, other than infants' schools, who have had the disease, need not be excluded.

- (3) Children living in infected houses and excluded from school under section (2) (a) must absent themselves for the undermentioned periods :

Measles : (1) Children attending other than infant schools, until the Monday following the expiration of 14 days from the occurrence of the first case.

(2) Children attending infants' schools, until the Monday following the expiration of 14 days from the occurrence of the last case.

Mumps : For such time as the Medical Attendant dealing with the case deems necessary, or, in cases where there is no Medical Attendant, for three weeks.

Chicken-pox : For two weeks.

Whooping cough : For two weeks.

CIRCULAR 596.

17th August, 1908.

(Supplementary to Circulars 576 and 582.)



BOARD OF EDUCATION,

WHITEHALL, LONDON, S.W.

17th August, 1908.

Circular to Local Education Authorities under Part III. of the Education Act, 1902, on certain questions arising under section thirteen of the Education (Administrative Provisions) Act, 1907, and the Code of Regulations for Public Elementary Schools, 1908, viz.:—(A) the functions of the "School Medical Officer"; (B) provision for Medical Inspection of school children under the Code of 1908; (C) the Local Education Authority's Annual Report on Medical Inspection to the Board of Education; and (D) arrangements for attending to the Health and Physical Condition of School Children.

SIR,

I. I am directed by the Board of Education to call the attention of the Local Education Authority to the provisions in the Code for 1908, which refer to the work of Medical Inspection of school children and to the functions of the "School Medical Officer." These provisions are contained in Articles 25 (c), 44 (g) and (h), 45 (b), 53 (b), and 58, and are referred to in paragraph 1 of the Prefatory Memorandum prefixed to the Code.

The Board also think it desirable to take this opportunity of supplementing their previous Circulars (Nos. 576 and 582) in various particulars and of dealing with certain questions arising in connection with the arrangements which Local Education Authorities are now empowered to make with the sanction of the Board of Education "for attending to the health and physical condition" of school children, and with the scope of the Annual Report on Medical Inspection referred to in paragraph 13 (d) to (h) of Circular 576.

A.—*School Medical Officer.*

2. It will be observed that the "School Medical Officer" of the Local Education Authority is for the first time recognised in the Code of 1908 as an officer having specific functions in the system of Public Elementary Education. This Officer is defined in Article 44 (g) as "a medical officer named by the Local Education Authority, and recognised as such by the Board." The functions specifically assigned to him (or her) by the Code are—

- (i) Those of reporting on the working and effect of any arrangements made under Article 44 (g) for educating children at "an open air school, school camp, or other place "selected with a view to the improvement of the health "and physical condition of the children."
- (ii) The power of advising or approving the closure of a school under Article 45 (b).
- (iii) The power of authorising the exclusion of certain children from a school on specified grounds under Article 53 (b), which grounds will be regarded as "reasonable grounds" under Article 53 (a).

3. One of the objects which the Board had in view in introducing these provisions into the Code was to secure that the responsibility for dealing with certain medical questions connected with Public Elementary Schools should, as far as possible, be placed in the hands of a single officer responsible to the County Council, County Borough Council, Borough Council or Urban District Council who are the Local Education Authority for the area in which a school is situated. The expression "School Medical Officer" is therefore substituted for the vague expression "medical authority," which was used in Article 45 (b) of the Code of 1907. The Board, however, also had in view the desirability of assisting Local Education Authorities to concentrate and organise, in the department of the School Medical Officer, all matters of school hygiene, including medical inspection under the Act of 1907, and they assume that the School Medical Officer will, in addition to performing the specific functions assigned to him by the Code, also be made responsible by the Local Education Authority for supervising and controlling the general work of medical inspection.

The provisions of Article 57, under which the closure of a school or the exclusion of certain children can be *required* by the local Sanitary Authority (or by two members of the Sanitary Authority acting on the advice of the Medical Officer of Health) are retained, and arrangements must of course be made for securing close co-operation in this respect between the Sanitary Authority and its officers and the School Medical Officer, on whom the Local Education Authority will primarily rely in the numerous cases where no question of compulsory closure or exclusion arises. The School Medical Officer will naturally consider the matter from the point of view of education as well as from that of sanitation, and, while keeping in close touch with the Medical Officer of Health, will be in a position to advise the Local Education Authority on the difficult questions which often arise when the necessity of closing the school, as distinguished from exclusion of individual children, is under consideration. The Board do not, of course, contemplate that the work of certifying children for exclusion or of authorising the closure of schools or of medically inspecting school children, can or will, in large areas, be carried out entirely or personally by a single individual. Subordinate officers will in most cases have to be appointed, who will act under the direction of the School Medical Officer, and he will act on information coming to him through many channels.* But it is considered very important by the Board that a single individual should be charged with the organisation and control of the whole machinery of the School Medical Service and that he should be in a position to take responsibility for the acts of all persons taking part in the work, including those of Assistant Medical Officers, School Nurses, Attendance Officers and Teachers, so far as they perform any functions in connection with the School Medical Service. The Board have, therefore, stated in Article 44 (g) that the recognition of separate School Medical Officers for separate parts of one area will be given in exceptional cases only. It will, of course, be understood that, in making these observations, the Board do not contemplate any infringement upon the ultimate responsibility of the Local Education Authority, nor have the Board in any way departed from the principle on which they laid stress in Circular 576, that, as far as practicable, the School Medical Service should be unified with the Public Health Service, (*see also* par. 7 (c) below).

* Where no question of *compulsory* closure or exclusion arises, the School Medical Officer's certificate may of course be based on information given by the Medical Officer of Health.

B.—*Provision for Medical Inspection.*

4. As regards Articles 25 (*c*) and 58 (*b*), which require, as a condition of Grant, that satisfactory provision for the medical inspection of children shall be made, it is obvious that the best evidence of compliance with this condition would be afforded by (*a*) the appointment in each area of a competent School Medical Officer and a staff of qualified and suitable assistants under his supervision and control, and (*b*) the initiation of a carefully considered scheme for covering the ground. For this purpose the Board will require to be furnished with particulars of the appointments made by the Local Education Authority and with such information as will enable them to judge of the efficiency of the organisation adopted. Forms to be used for this purpose have been prepared and accompany this Circular (Form 9 M.I.) When this information is received, the Board will consider the system adopted in each area broadly and on its merits, with due regard to local circumstances and with no desire to impose a rigidly uniform system on authorities whose circumstances are widely different. Even in cases where the system adopted is not such as the Board would themselves have suggested, they would be slow to withhold provisional approval from experiments so long as they do not conflict with the general principles laid down in Circular 576.

C.—*Annual Report.*

5. The Annual Report referred to in paragraph 13 (*d*) to (*h*) of Circular 576 should be made by the School Medical Officer to the Local Education Authority, who will send two copies of it to the Board of Education, with any observations which they may desire to submit, as soon as practicable after the expiration of the year to which it relates. It will be understood that Reports which are for the information of the Board of Education may well include statements of local circumstances and conditions which would be superfluous if they were intended only for the information of the Local Authority. The Annual Report should relate to the calendar year, and the first Annual Report should be made up to the 31st December 1908. It is not the intention of the Board to prescribe in detail the form which this Report should take, or to require at present the adoption of particular methods of analysing and tabulating the facts on which it is based. However desirable it may be, on abstract or scientific grounds, to secure

uniformity in these Reports, the Board feel that the attainment of this quality must be preceded by such an amount of practical experience as is sufficient to show what particulars can or cannot be included in tabular forms which, when framed, must be capable of application to all parts of the country and all varieties of circumstances.

In this connection I am to call the attention of the Authority to the passage headed "Medical Inspection of School Children," on page 3 of the Memorandum on Annual Reports issued by the Local Government Board, dated December 19th, 1907 (M. 152).

6. As regards the scope of the Report, however, the Board consider that it is desirable that it should deal with the whole subject of School Hygiene, and should cover as much as possible of the ground indicated under the following heads. It is recognised that these heads suggest a degree of comprehensiveness which in many, and indeed in most cases, will not immediately be attainable. The Board have, however, considered it desirable to treat the plan of the Annual Report in such detail as to furnish Local Education Authorities with a standard, by reference to which they may regulate their arrangements for collecting and digesting the information which the work of the next few years will place at their disposal.

(a) General review of the hygienic conditions prevalent in the Schools in the area of the Local Education Authority in respect of such matters as surroundings, ventilation, lighting, warming equipment, and sanitation, including observations on the type and conditions of sanitary conveniences and lavatories, water supply for washing and drinking purposes, the cleanliness of schoolrooms and cloakrooms, arrangements for drying children's cloaks and boots, and the relation of the general arrangements of the School to the health of the children.

(b) General description of the arrangements which have been made for the co-relation of the School Medical Service with the Public Health Service and for the organisation and supervision of medical inspection, and an account of the methods of inspection adopted, including—

- (i) A statement of the extent (if any) to which the Board's Schedule of Medical Inspection has not been followed and the reasons for such departure ;

- (ii) A statement showing the assistance given to the School Medical Officer and his assistants by nurses, managers of schools, teachers, attendance officers or other persons;
- (iii) A statement showing the methods adopted for securing the presence of parents at the inspection, and their co-operation in the subsequent treatment of defects, together with a review of the effect of such methods;
- (iv) The extent to which disturbance of school arrangements was involved by the inspection. (Art. 43 (*b*) and 44 (*h*) of Code of 1908.)

(*c*) General statement of the extent and scope of the medical inspection carried out during the year, including—

- (i) The number of visits paid to Schools and Departments;
- (ii) The principle on which children have been selected for inspection; (at entrance, before leaving, by selection according to ages or otherwise);
- (iii) The number of children inspected (classified for age at date of inspection and for sex);
- (iv) The number of children referred for subsequent or further examination;
- (v) The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects;
- (vi) The average time per head occupied by inspection.

(*d*) General review of the facts disclosed by medical inspection, under the headings contained in the Schedule to Circular 582, including tables showing the height and weight of children inspected (according to age at date of inspection and sex).

(*e*) General review of the relation of home circumstances and social and industrial conditions to the health and physical condition of the children inspected, so far as facts bearing on this point have come under notice.

(*f*) Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsilitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of School nurses in obtaining or assisting in the treatment of such defects.

(*g*) Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (*b*), 53(*b*) and 57 of the Code of 1908.

(*h*) Review of the methods adopted and the adequacy of such methods for dealing with blind, deaf, mentally or physically defective and epileptic children under the Acts of 1893 and 1899.

(*i*) Review of—

- (i) The methods and results of instruction in personal hygiene and temperance in the Public Elementary Schools in the area ;
- (ii) The methods and results of physical or breathing exercises in the Schools ;
- (iii) Arrangements for open air schools, school camps, &c., under Articles 44 (*g*) of the Code of 1908.

(*j*) Account of miscellaneous work, such as the examination of Scholarship candidates, Pupil-Teachers, or teachers of any grade.

Two complete sets of any forms used by the Local Education Authority in connection with the School Medical Service should be sent to the Board together with the Report.

D.—Arrangements for Attending to the Health and Physical Condition of School Children.

7. In paragraphs 14 to 17 of Circular 576 reference was made to schemes for the amelioration of the evils revealed by medical inspection, which might be submitted for the sanction of the Board under the latter part of section 13 (1) (*b*) of the Act of 1907. The Board are, of course, aware that neither they nor any other body are at present in a position to make any definite and final pronouncement as to the legitimate scope of such schemes or the conditions which will ultimately be found to govern their usefulness, nor have they any desire to anticipate the experience, extending over several

years, which alone can afford a sound basis for the organisation of this work. It may be convenient, however, that they should indicate the order in which, in the Board's opinion, it is desirable that the Local Education Authority should consider the various methods and measures which are open to them in the exercise of the powers conferred by the section in question. Before sanctioning schemes involving large or unusual applications of the Authority's powers, the Board will satisfy themselves that full use has been made of the ordinary and less ambitious means available.

(a) *Improvement of the School Arrangements.*—The School Medical Officer will doubtless furnish the Local Education Authority with valuable advice as to improvements which can be made in the use of old school premises and in the design of new school premises for improving the health of the children educated in them. For instance, he will note and report to the Authority cases in which the ventilation of schools is defective, either as regards the means provided or as regards the use and maintenance of those means, and, if necessary, he will supply them with the results of scientific tests. He will, of course, call attention to the physical defects of bad ventilation, such as the prevalence of headaches, lassitude and debility among the scholars, when they come under his notice. He will observe and report instances of bad positions in sitting and unsuitable design of desks or benches. As regards cases of defective eyesight, he will indicate such measures as can be taken to remedy or mitigate the defects by altering the position of the children in the class, or improving the lighting of the school in amount or direction, and he will call attention to the strain imposed on eyesight by the use of too small type in text books, the teaching of very fine sewing, &c. He will also be able to estimate the effectiveness of lessons on the subject of personal hygiene given in the school, and may be able to suggest improvements in the curriculum or in the methods of giving such lessons and bringing their importance home to the children. He may also be able to institute comparisons between school and school in respect of the effect of physical exercises, and, in the case of children of weakly physique, he may be able to indicate the kind and amount of physical exercises which are suitable for them. He will observe the effect of holding classes in the open air, and call attention to cases in which the adoption of this arrangement is desirable. He will also

be able to suggest to what extent and in respect of what children advantage should be taken of the facilities afforded by Article 44 (g) of the Code of 1908 for improving the health and physical condition of the children, by means of open air schools, school camps, &c., and, in cases where facilities exist for baths and swimming, he will sometimes find occasion to recommend a more extensive use of such facilities. And the beneficial influence of the School Medical Officer will not be exhausted even when he has done everything included in this formidable catalogue. The mere fact that the services of a specially skilled officer and staff are devoted by the Local Education Authority to the oversight of all matters affecting the health of the children in their Public Elementary Schools gives to the whole question of school hygiene a dignity and importance which cannot but produce a considerable effect on the mind of teachers, parents and children alike. From this point of view the School Medical Officer should be not merely a functionary charged with specific duties, but a pervading influence making, in the long run, for better hygienic conditions in the school and in the home.

(b) *Exercise of Powers under Special Acts relating to School Children.*—Medical inspection will probably indicate the necessity of having recourse to the Blind and Deaf Children Act, 1893, and the Defective and Epileptic Children Act, 1899, in the case of a considerable number of children who are at present educated in ordinary Public Elementary Schools. It will emphasise the desirability of taking advantage of the wide scope of the last-mentioned Act by establishing or contributing to the establishment of special schools or classes for physically, as distinguished from mentally defective children. It will also furnish the Local Education Authority with valuable information as to the necessity of exercising their powers under the Education (Provision of Meals) Act, 1906, and as to the best methods and effects of such exercise. It is extremely desirable that the School Medical Officer should be closely associated with this last-mentioned work wherever it is undertaken, though it is of hardly less importance that the methods adopted should be such as will secure the greatest educational effect in respect of the manners and conduct of the children concerned, as well as the best physical results.

(c) *Co-operation with the Sanitary Authority.*—Although the Act of 1907 has to some extent the effect of conferring on a Local Education Authority powers concurrent with those which it exercises as Sanitary

Authority (or which in the case of a county are exercised by the authorities of the local sanitary areas in the county) it is extremely important that full use should be made of the powers exercisable in the latter capacity, and it is hoped that the special powers of medical inspection conferred on the Education Authority may have the result of greatly extending the influence and scope of the work hitherto performed solely by the Sanitary Authority. In such matters as the cleansing of persons, disinfection of school premises and homes, the provision and use of public baths, the enforcement of sanitary conditions in the home, or the detection or diagnosis of a prevalent disease in cases of emergency, it is expected that the Education Authority will take every opportunity of giving information to the Sanitary Authority and of invoking its assistance, whether under the general law, such as the Public Health Acts (including the Public Health Acts Amendment Act, 1907), or under special Acts, where applicable, such as the London County Council (General Powers) Act, 1907, or the Liverpool Corporation (General Powers) Act, 1908. It is for instance, obvious, as regards infectious diseases, that a School Medical Officer who is occupied in carrying out a programme of systematic medical inspection in the schools of the area will often be unable to dislocate his programme in order to deal personally with an outbreak of infectious disease in a particular school. He must so organise his machinery that both he and the Sanitary Authority shall receive immediate information of any such occurrence (whether the disease is "notifiable" or not) by duplicate notices or otherwise, so that the matter may be dealt with effectively and without confusion at the earliest possible moment. Definite regulations should be made for this purpose.* Where the School Medical Officer is himself the Medical Officer of Health of a Sanitary Area no difficulty will arise, but where this is not the case it must be remembered that the ultimate responsibility for preventing the spread of infectious disease must remain with the Sanitary Authority, which is at present the sole repository of compulsory powers for closure of Public Elementary Schools of all kinds, or for exclusion of individual children from them.

* In this connection attention is called to the Memorandum issued in January 1908 by the Local Government Board "on the Circumstances under which the Closing of Public Elementary Schools or the "Exclusion therefrom of particular Children may be required in order to prevent the spread of Disease." The subsequent issue of the Code for 1908 has rendered that Memorandum inapplicable in certain details, but its main principles remain unaffected, and close co-operation between the Education and Sanitary Authorities will obviate any risk of administrative confusion or conflict.

(d) *Advice or Direction to Parents.*—Where medical inspection reveals any defect or malady in a particular child, the first step will naturally be to notify the parents, and unless the ailment is a minor one which can be removed by home treatment or treatment (under the direction of the School Medical Officer) by the School Nurse, to urge upon the parent the desirability of obtaining treatment by an ordinary medical practitioner. In extreme cases of insanitary homes or conditions, the attention of the Sanitary Authority will, of course, be called to the matter.

(e) *The School Nurse.*—A School Nurse is capable of performing very useful and important functions, both in assisting in the work of medical inspection, and (under medical instructions) in applying, or showing the parents how to apply, remedies for minor ailments. Such matters as the antiseptic treatment of discharging ears, the treatment of sores and minor skin diseases, or minor diseases of the eye, such as blepharitis and conjunctivitis, the treatment of slight injuries resulting from accident, will fall within the scope of the work of the School Nurse. So far as the School Nurse can be regarded as assisting in the work of medical inspection, the sanction of the Board to her employment is not required. So far, however, as she is engaged in treating the minor ailments, or in visiting the children's homes for purposes of advice, her employment would require sanction as an "arrangement" for attending to the health and physical condition of the children. The Board would usually have no difficulty in sanctioning any well-considered scheme for this purpose.

(f) *Provision of Spectacles, etc.*—In cases where medical inspection shows that the provision of spectacles is necessary for the treatment of defective eyesight, the Board will be prepared to consider proposals from a local Education Authority to provide suitable and inexpensive spectacles free of charge. They will, however, only sanction such an "arrangement" if they are satisfied that every endeavour will first be made to obtain the provision of the spectacles by the child's parents or by any voluntary associations which exist for the purpose. The Board will, of course, require that due precautions should be taken to secure accurate examination and appropriate prescription by qualified medical men of suitable experience.

(g) *Contributions to Hospitals, Infirmarys, Dispensaries, &c.*—Special attention should be paid to the powers referred to in the proviso to section 13 (1) of the Act and the Board consider that, before the direct treatment of ailments is undertaken by the Local Education Authority, whether by means of a School Clinic or by themselves supplying and paying for medical treatment, full advantage should be taken of the benefits of such institutions. The Board will be prepared to entertain proposals for contributing to the funds of hospitals, dispensaries, and nursing associations, on terms of adequate advantage. Such contributions are specially desirable in the case of Eye Hospitals and Cottage Hospitals which are prepared to undertake minor surgical operations. It is permissible to include among the conditions of contribution a provision allocating a reasonable remuneration to the medical men working for such institutions. Among the associations to which contributions might properly be made are “children’s care associations” who, by means of local sub-committees or local representatives, arrange for the individual treatment of poor school children by voluntary agencies or otherwise.

(h) *School Clinics.*—School Clinics may serve two purposes. They may be used for further and more scientific *examination* of cases in which medical inspection has indicated the existence of defects in a child which cannot conveniently be investigated on the premises of an ordinary Public Elementary School. For instance, the School Medical Officer may discover at his first inspection that a child is affected in respect of one or more of the particulars numbered 17 to 24 on the Schedule accompanying Circular 582, and it may be necessary for him to ascertain by further examination whether the child is fit to continue in attendance at a Public Elementary School, or whether any special precautions should be taken in the case of such a child if he continues to attend, or whether special provision should be made for his education in some other manner. Similarly, in the case of ocular defects, the detailed examination of the child may often be more expeditiously and thoroughly carried out at a School Clinic, where special appliances are available. So far as a School Clinic is used for such purposes, its establishment appears to fall within the scope of provision for medical inspection, but such a clinic should not be used merely for the purpose of enabling the ordinary inspection of school children to be carried out elsewhere than at the schools which they

attend, nor, in ordinary circumstances, will the Board be prepared to approve, for the purposes of Article 44 (*h*) of the Code, attendance at a School Clinic as an inspection centre.

The establishment of School Clinics for purposes of *treatment* of defects revealed by inspection gives rise on the other hand to questions of considerable difficulty, and, before sanctioning the establishment of a School Clinic as an "arrangement" under section 13 (1) (*b*) of the Act, the Board will require to be furnished with detailed information as to the methods and scope of the work which it is proposed to do. They will, in particular, require to be informed—

- (i) what precautions the Local Education Authority will take to secure that only those children shall be treated in a School Clinic for whose treatment adequate provision cannot otherwise be made, whether by the parents or by voluntary associations or institutions, such as hospitals, or through the agency of the Poor Law ;
- (ii) what precise diseases and defects will be treated ;
- (iii) by whom and on what terms and conditions the treatment will be carried out and what will be its extent ;
- (iv) what is the estimated cost of the clinic in respect of buildings and equipment, maintenance and administration, and treatment, and how it is proposed to meet this cost, out of the rates or otherwise.

I am, Sir,

Your obedient Servant,

ROBERT L. MORANT.

17th August, 1908.

Meteorological Report.

To the Mayor, Aldermen, and Councillors of
the Borough of Lowestoft.

GENTLEMEN,

I have the honour to present to you the Annual Meteorological Report for the year 1908.

The following are points of interest :—

The year's Sunshine Record was 37 hours short of the average of the past nine years.

The Rainfall was 5·36 ins. below the average and 3·86 ins. less than the Yarmouth fall. A perusal of the comparative table will further show that the East Coast District had considerably less rainfall than any other part of the Country.

The Mean Temperature for the year was $\frac{1}{2}$ degree above the average.

The number of Observations of Wind between the North and East was much larger than usual.

Some important strides have been made in the registration of Sunshine Records. Early in the season the "*Daily Mirror*" organised a Sunshine "Race" between the leading Seaside Resorts, extending over the three summer months of July, August and September. In order to make the records uniform only those taken by a Campbell-Stokes lens burning recorder were permitted to enter. Great interest was shown throughout the Country and the number of competing towns rapidly rose from 22 to 32. At the commencement of the contest the East Coast towns were well down the list, but a slight improvement was shown later, and at the finish of the race, out of 32 towns competing, Clacton stood 22nd, Lowestoft 23rd and Gt. Yarmouth 24th, there being only four hours between the two latter.

In the early part of August I was interviewed by the local correspondent of the "*Daily Mirror*" as to the prospect for September Sunshine; the following is an extract from the issue of the 13th August :—

"The Lowestoft Meteorological Observer is very hopeful that the town will spring up to a high position in the list. "The experience of previous years," he said, "leads to the belief that the present leeway will be more than made up in the remaining days of August and September."

In response to several appeals from Observers and others, a winter Sunshine "Race" was started on October 1st, extending over the six months ending 31st March, 1909.

Thirty-six towns entered, and at the beginning of the contest the East Coast Resorts were leading by several hours, but owing to a prevalence of misty weather the position was not maintained, and on December 31st, out of 44 competing towns Lowestoft stood 31st and Gt. Yarmouth 33rd.

Many interesting enquiries relative to Meteorological matters have been received verbally and through the post; full particulars have in all cases been given.

Comparative Statistics for the year 1908.

Station.	Mean Temperature.		Mean Daily Range of Temperature	Total Rainfall.	Total dura- tion of Bright Sunshine.
	The Year.	June to Sep. (inclusive.)			
	°	°	°	INCHES.	HOURS.
Lowestoft ...	48·4	57·3	10·8	18·64	1703
Other Health Resorts:					
Scarborough ...	49·3	57·9	11·5	20·22	1377
Douglas ...	48·8	55·7	9·7	38·80	1540
Harrogate ...	46·7	56·1	13·0	26·02	1352
Blackpool ...	48·3	57·0	10·8	34·48	1615
Llandudno ...	50·6	58·6	10·7	30·76	1689
Buxton ...	45·6	54·6	12·3	41·99	1298
Bettws-y-Coed ...	49·0	57·1	13·9	47·40	1348
Cromer ...	48·6	57·9	11·8	18·50	1488
Yarmouth ...	48·7	58·2	10·3	22·50	1711
Aberystwith ...	50·3	58·1	9·7	33·82	1423
Felixstowe ...	49·2	59·0	11·0	18·30	1751
Clacton ...	49·4	59·0	10·9	17·60	1736
Southend ...	50·1	60·4	12·4	18·60	1727
Margate ...	50·4	60·4	10·6	21·09	1633
Bath ...	50·1	59·3	14·5	24·13	1740
Ilfracombe ...	51·7	59·0	8·7	31·29	...
Folkestone ...	49·6	59·1	10·7	23·73	...
Brighton ...	50·4	60·1	11·0	21·49	1934
Worthing ...	50·1	59·5	12·0	22·15	1991
Eastbourne ...	50·2	59·0	11·0	25·80	1932
Bournemouth ...	50·7	59·7	14·1	24·43	1932
Ventnor ...	51·6	60·5	10·7	21·39	1933
Torquay ...	52·1	60·1	11·7	25·24	1796
Plymouth ...	51·7	59·5	10·8	31·00	1813
Scilly (St. Mary's)	53·0	59·3	7·2	24·70	1745
London ...	50·9	60·7	12·7	21·30	1364

The Barometer, Lowestoft, 1908.

(Corrected for temperature and reduced to sea-level).

Month.	Mean pressure of the air in the month.	Highest in month.	Date.	Lowest in month.	Date.	Mean Pressure for latitude.	Difference from this mean in 1908.
Jan.	Inches. 30·138	Inches. 30·64	21	Inches. 28·85	8	Inches. 29·936	Inches. +0·202
Feb.	30·128	30·68	6	29·10	28	29·940	+0·188
Mar.	29·834	30·23	14	29·17	10	29·880	—0·046
April	29·933	30·37	7	29·29	24	29·950	—0·017
May	30·000	30·53	27	29·40	6	29·981	+0·019
June	30·084	30·40	27	29·65	13	29·979	+0·105
July	30·007	30·43	29	29·40	17	29·958	+0·049
Aug.	29·963	30·39	2	29·41	28	29·945	+0·018
Sept.	29·967	30·28	30	29·23	1	29·935	+0·032
Oct.	30·166	30·53	22	29·92	10	29·893	+0·273
Nov.	30·051	30·45	30	29·38	22	29·890	+0·161
Dec.	29·943	30·48	31	28·70	10	29·945	—0·002
Mean	30·018	Highest of all. 30·68	Feb.	Lowest of all. 28·70	Dec.	29·937	+0·081

The barometer is thus seen to have been above the local average on nine months of the year, the mean difference in the year being more than 8-100ths of an inch.

Result of Observations on Temperature and Rain in 1908.

1908	TEMPERATURE OF THE AIR IN SHADE.				RAINFALL.		
Month.	Highest.	Lowest.	Mean Temperature of Air.	Mean Humidity.	Monthly Fall.	Days of 0·01 inch and above.	Average Monthly fall.
	°	°	°	o/o	Inches.		
January ...	53·7	23·3	36·5	88	0·64	14	1·45
February	51·7	28·9	40·3	85	1·70	17	1·35
March ...	54·9	28·6	39·4	84	1·90	22	1·44
April ...	56·0	30·6	41·6	81	2·39	14	1·47
May ...	74·7	41·1	53·2	82	0·97	12	1·56
June ...	72·1	40·4	55·6	80	0·58	6	1·81
July ...	74·9	44·6	58·9	81	2·39	11	2·78
August ...	75·4	42·5	58·1	79	2·40	13	2·36
September	72·5	38·3	56·5	82	1·54	11	2·27
October ...	76·2	36·4	55·1	87	1·17	9	3·17
November	57·9	32·6	46·1	85	1·51	11	2·36
December	49·4	25·2	39·6	91	1·45	13	1·95
Mean Temperature of the year				degs. Fahr. 48·4	Total } 18·64 Rain } inches		153
" " June to Sept. } inclusive ... }				57·3			Days
							Av'age total 24·03 inches.

Earth Temperature.

The highest and lowest readings of thermometers placed below the surface of the soil at depths stated below. These readings show extremes of the year, which for practical purposes are more important than the means.

Readings made at 9 a.m. daily.

Below Surface.	Highest in the year.	Date—1908.	Lowest in the year.	Date—1908
	°		°	
One foot	67·2	9th Aug.	34·1	6th Jan.
Two feet	64·7	27th July and 1st Aug.	36·4	16th Jan.
Four feet	61·2	4th Aug.	40·3	18th Jan.

The thermometer at 4 feet rose to 55 degrees on 4th June, reached its maximum 61·2 degrees on 4th August; was down to 50·0 degrees on 19th November, and 43·7 on 31st December.

Sea Surface Temperature at Pier Head, Lowestoft, 1908.

Month.	Highest.	Mean.	Month.	Highest.	Mean.
	°	°		°	°
January ...	39·5	37·3	July ...	65·0	62·4
February	39·5	38·4	August ...	65·5	62·0
March ...	41·0	38·8	September ...	58·5	56·7
April ...	44·5	43·0	October ...	59·5	55·5
May ...	57·0	51·9	November ...	52·5	47·4
June ...	61·0	59·4	December ...	45·5	42·6

Bright Unclouded Sunshine, Lowestoft, 1908.

*Taken by a Campbell Stokes' Lens Burning
Sunshine Recorder.*

1908.	Total Duration.		Greatest Daily.			Sunless Days.
	Hrs.	Mins.	Hrs.	Mins.	Date.	
January ...	69	2	6	30	18	12
February ...	73	54	7	12	2	5
March ...	130	38	11	0	31	6
April ...	159	8	12	0	8	5
May ...	210	51	14	42	20	0
June ...	234	7	14	30	15	1
July ...	222	8	15	30	2	1
August ...	199	43	13	12	16	1
September	166	26	11	0	10	3
October ...	139	58	10	0	3	5
November...	73	11	8	18	9	9
December...	24	20	5	24	18	17
TOTAL	1703	26	Greatest daily 15 30		Month July	65

In comparing these figures with those recorded at other Observatories, due regard should be paid to the form of Sunshine Recorder in use. Higher totals would be obtained by the Jordan Photographic Recorder.

It is an interesting fact that during the four Summer months there was a daily average of 6 hours 44 mins. of sunshine, and for the whole year of over $4\frac{1}{2}$ hours per diem.

Report on the direction of the Wind during 1908.

From Observations taken twice daily, i.e.—9 a.m. and 9 p.m.

1908.	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm	Winds of Greatest Force.
Jan.	4	4	7	3	2	9	18	13	2	N.E.—S.E.
Feb.	9	2	0	1	1	2	17	25	1	N.N.W.—N.E.
March	7	7	6	4	7	10	10	7	4	S.—N.W.
April	5	17	15	2	2	5	8	6	0	N.E.—E.
May	2	9	6	6	5	12	13	6	3	E.N.E.
June	9	17	9	2	4	8	5	5	1	N.—N.E.
July	10	14	3	1	4	13	10	4	3	W.—N.
Aug.	13	11	6	1	3	2	14	11	1	W.—S.
Sept.	3	2	3	4	4	9	21	10	4	W.S.W.
Oct.	1	3	7	14	12	10	5	1	9	N.E.—S.E.
Nov.	5	2	5	10	2	7	16	7	6	N.—S.E.
Dec.	1	4	6	3	4	17	12	7	8	S.W.—N.W.
	69	92	73	51	50	104	149	102	42	

It will be seen from the above that the prevalent winds were from points between the S.W. and N.W.

Notes on the Weather of 1908.

JANUARY.—The year opened with seasonable, bracing weather ; throughout the first two days the wind blew a gale from the East, accompanied by brilliant sunshine and frosty nights. These conditions continued until the 6th, followed by three days of dull, showery weather, with snow on the 9th. From this date to the 25th a fine seasonable period was enjoyed, the day temperatures were comparatively high but frequently fell to below freezing point at night. After the 25th intermittent squalls of snow and sunny intervals were recorded. Mean temperature for the month just over $\frac{1}{2}$ deg. below the average.

FEBRUARY.—The first half of this month was delightfully fine and seasonable with an abundance of bright sunshine and moderate breezes from between the West and North. After the 14th, however, less settled conditions set in with frequent rain and intermittent sunshine. On the 22nd a fairly sharp thunderstorm broke over the neighbourhood at about 5 p.m., accompanied by heavy rain, hail, and strong wind. The last two days of the month were cold and frosty with occasional squalls of snow. Frost, not severe, was recorded on 13 days, but, although the day temperature rose to above 50 degs. on only two occasions, the mean temperature for the month was $1\frac{1}{2}$ degs. above the average.

MARCH.—A cool, showery month, but with a good sprinkling of sunshine. Rain and snow fell on twenty-two days. The day temperature rose to above 50 degs. on five occasions, and at night fell to below freezing on eighteen. An excellent, continuous record of eleven hours of sunshine was taken on the 31st, and there were only six days without sun. Mean temperature for the month 1 deg. below the average.

APRIL.—A sharp thunderstorm broke over the town on the 3rd, accompanied by heavy rain, followed by a smart fall of snow. The weather continued unsettled until the 4th, but from this date to the 15th, cool, bright days were enjoyed with a bracing sea breeze. A further spell of generally unsettled weather set in after this date continuing until the end of the month. Sunshine was recorded on 25 days, an excellent record of twelve hours being taken on the 8th. Owing to an exceptional fall of over $\frac{3}{4}$ inch on the 23rd the month's Rainfall was considerably above the average. Mean temperature for the month $2\frac{1}{2}$ degs. below the average.

MAY.—On the whole a glorious month, not a single day being without sunshine, records of over 13 hours were taken on five occasions, and on the 20th a splendid, unbroken burn of 14 hours 42 minutes. The day temperatures were delightfully high and no frost was recorded. The winds were variable and moderate in force. Thunder was heard on the 13th inst., but there was no storm. The mean temperature for the month was over $3\frac{1}{2}$ degs. above the average.

JUNE.—The fine, bracing weather continued throughout this month with only one sunless day. Lightning was observed on the 3rd, and a very slight thunderstorm was recorded on the 4th, but was unaccompanied by rain. Sunshine was again well in evidence, $14\frac{1}{2}$ hours being recorded on the 15th. The prevalent wind was from an Easterly direction. The temperatures were very equable and no frost was observed. The Rainfall was exceptionally light, the total fall being less than one third of the average for the month. The mean temperature for the month just attained the average.

JULY.—The first six days of this month continued under the influence of the Anticyclone, but from the 7th to the 18th a spell of "Atlantic" weather was experienced, characterised by frequent rain and fitful sunshine. Thunderstorms, not severe, broke over the neighbourhood on the 14th and 17th accompanied by heavy rains. After the 18th there was a marked improvement; almost continuous records of sunshine were taken by day, and the evenings were mild and cloudless; no rain fell for 13 consecutive days. During this period the temperatures were delightfully high and equable and the mean for the month was only just below the average.

AUGUST.—With the exception of a thunderstorm on the 4th the ideal weather was enjoyed throughout the first half of this month. After the 18th, however, less settled conditions set in with fairly frequent rains. Thunderstorms occurred on the 25th and 30th, the latter being accompanied by very heavy rain. Sunshine was recorded every day but one, but during the latter half of the month the daily records were somewhat below the average. Mean temperature for the month $1\frac{1}{2}$ degs. below the average.

SEPTEMBER.—In all respects a normal month. Plenty of bright sunshine, three days only being sunless. Rain fell on eleven days, four of which were only showers. The day temperature reached 70 degs. on two occasions, and no frost was recorded. The prevalent winds were from the West and moderate in force. Mean temperature for the month within $\frac{1}{4}$ deg. of the average.

OCTOBER.—Until the 21st of this month really delightful and comparatively warm weather was enjoyed; on the 4th the day temperature rose to 76 degs. in the shade. Records of over eight hours of unclouded sunshine were taken on eight consecutive days. After the 21st there was a short break of five days of showery weather with fitful sunshine, followed by a further brilliant spell. Mist was observed on eight occasions. The exposed thermometer on the grass did not once fall below freezing point. The mean temperature for the month was $5\frac{3}{4}$ degs. above the average.

NOVEMBER.—The fine weather was enjoyed until the 10th with fairly high temperatures. From this date until the 23rd the conditions became cooler with an occasional frost at night. The first snow of the season was observed on the 21st accompanied by some electrical disturbance. The prevalent wind was from a Westerly direction and, with one exception, moderate in force. Sunshine was about the average, but the Rainfall was considerably below. Mean Temperature for the month $1\frac{3}{4}$ degrees above the average.

DECEMBER.—Fairly mild unsettled weather was experienced until the 23rd of this month, after which date cold, seasonable conditions set in with frosty nights, intermittent snow, and cold Easterly breeze. A slight thunderstorm was observed on the 13th accompanied by heavy rain. The year closed with a dull and cold day, with light rain at times. The mean temperature for the month just attained the average.

The local averages are in all cases taken from Mr. S. H. MILLER'S "Reductions of Meteorological Observations made at Lowestoft from 1879 to 1898."

CHARLES W. EDWARDS,
BOROUGH METEOROLOGIST.